Lectures

INTRODUCTORY TO THE STUDY OF DISEASES OF THE SKIN.

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LECTURE II.

ON THE THERAPEUTICS OF DISEASES OF THE SKIN.

GENTLEMEN,—We have seen that in the local treatment of diseases of the skin we must take into account whether the eruption is acute or chronic. At our last meeting we considered that which is applicable to acute inflammations, and now we have to study that which is applicable when the eruption is chronic.

If itching is a marked feature (and, for the present, we leave out of consideration diseases dependent on parasites, such as scabies—the itch—which require special treatment), we may expect to derive benefit from the use of *empyreumatic oils or their derivatives*. It is right to warn you, however, that, in exceptional cases, these increase the irritation to an intolerable extent; but in the majority they not only relieve the itching, but are decidedly curative, especially in chronic erythema, chronic eczema, and psoriasis (although more slowly), while in prurigo they give immense relief. It is well to know that in some persons, with very sensitive skins, their application produces all the phenomena of dermatitis (burning heat, redness, swelling, and sometimes an eruption of vesicles and bullæ). Their long-continued use, too, produces, in all persons, though more speedily in some than in others, an inflammation at the orifices of the hair-follicles: papules and pustules make their appearance, which present this peculiarity, that in the centre of each spot a black, tarry point is observed. This eruption has been called tar acne by Hebra. Some time ago I prescribed for a little girl, who was affected with slight chronic eczema of the leg, a lotion containing one of the empyreumatic oils. About six weeks afterwards her mother brought her to me again, the lotion having been continued regularly in the interval, and informed me that the disease was a great deal worse. On examining the part, I found that the eczematous eruption had quite disappeared, and that its place was taken by an eruption of tar acne. The lotion was discontinued, and the artificial rash rapidly subsided.

The empyreumatic oils with which I am most familiar are, first, Pix liquida, or common Wood-tar, of which Guyot's solution of tar is a purified form, and possesses these advantages, that it mixes with water in all proportions, does not emit such a pungent odour, and does not discolour the skin to the same extent; second, Coal-tar (Pix mineralis), of which the best form is the liquor carbonis detergens of Wright and Co., a solution which forms a creamy emulsion with water; third, Oil of Cade (Oleum Cadini), which is the product of the dry distillation of the wood of the *Juniperus oxycedrus*; fourth, the Oleum Rusci, which is obtained from the bark of the *Betula alba*, or white birch. The odour of the last two is not so pungent or disagreeable as that of the others, but they are more expensive, and therefore less adapted for dispensary practice.

These preparations may be employed alone—in cases of chronic psoriasis, for example, after the removal of the silvery scales—in which case they should be rubbed into the affected parts, twice a day, as firmly as possible short of causing pain, or as lotions or ointments, as in the following prescriptions:—Guyot's solution of tar, soft soap, rectified spirit, of each one ounce; spirit of rosemary, one drachm: mix. Wash off before each reapplication.—Nitric oxide of mercury, one scruple; nitrate of mercury ointment, one drachm; oil of white birch bark,* one drachm and a half; benzoated lard, four drachms: mix.

* Mr. Greig, the manager of the New Apothecaries' Company, Glassford-street, Glasgow, has obtained a supply of this from Germany for me.

Two other remedies of this class must be mentioned—namely, Creasote and Carbolic acid.

Creasote may be added to ointments, in the proportion of from five to ten grains to the ounce, for the purpose of allaying irritation of the skin. In cases of chronic psoriasis a strong creasote ointment was recently recommended by Mr. Balmanno Squire, and I have found it very useful, although it is sometimes too irritating. The following is the form of ointment he employs:—Creasote, two ounces; white wax, one ounce: dissolve. Rub very firmly into the eruption night and morning after the scales are removed.

Carbolic acid has a less disagreeable odour than the tarry preparations, and is more cleanly. It is soluble in water with the aid of a little glycerine or spirit, and forms a colourless solution. For these reasons it can often be used when tar is inadmissible, as when an eruption is situated upon an exposed or a hairy part; but it must be admitted that, as a rule, it is not nearly so effectual as the empyreumatic oils. The following is a form in which I frequently prescribe it:—Crystallised carbolic acid, two drachms; Price's glycerine, six drachms; rectified spirit, four ounces; distilled water, one ounce: dissolve. Sponge the affected parts two or three times a day, and also when itching is complained of. This solution is of use in cases of chronic erythema, chronic eczema, and the like, and not only relieves irritation of the skin, but also is directly curative.

Potash applications have of recent years been brought prominently under the notice of the profession by Hebra. They are of use in favouring the removal of abnormal products—e. g., the scales of psoriasis,—and in many cases they favour the cure of the eruption in virtue of their stimulating effect, especially in combination with other remedies, such as tar.

Those which I am most in the habit of using are, potash soap (black soap—sapo mollis), liquor potassæ, and solutions of potassa fusa varying in strength from two grains to a drachm to the ounce of the excipient. I shall refer to stronger solutions under the head of Caustics. A few illustrations may be given of their use.

In cases of tinea versicolor, that brown scurfy eruption which attacks the covered parts of the body, due to the presence of a fungous growth, the Microsporon furfur, and of which we have already had several illustrations, we can effect a cure by scrubbing the *whole* of the eruption night and morning with black soap or its solution in spirit. The soap acts as a stimulant, but is chiefly serviceable owing to mechanically removing the scales which are loaded with the fungous matter. But the cure may be accelerated by the use of one of the so-called parasiticides, which can be combined with the solutions of black soap as follows:—Perchloride of mercury, twelve grains; black soap, four ounces; rectified spirit, two ounces: dissolve, and add oil of citronella, one drachm. Rub, night and morning, as firmly as possible into the whole eruption short of causing pain.

Again, potash applications are useful in cases of chronic eczema, not only by removing morbid products and allaying irritation, but also by stimulating the parts and favouring the removal of the infiltration of the skin when it is marked. For this purpose I generally employ solutions of potassa fusa, and vary the strength of the solution according to the amount of the infiltration and the extent of the disease. It should be rubbed into the affected part with a large paint-brush, or with a small sponge provided with a handle, until decided smarting and excoriation result, when its action may be stopped by washing with water and applying a soothing ointment. If the surface is left alone after the application of the solution, it is soon covered by an immense number of gelatinous drops, showing the extent to which it has been stimulated. After the effect of the first application has passed off, it may be repeated, and the treatment continued until the infiltration of the skin is gone, when the cure may be accelerated by the use of some other application, such as the oil of cade, or the like.

Lastly, in cases of chronic general psoriasis, Hebra's modification of Pfeuffer's treatment may prove effectual. This consists of rubbing soft soap into the whole of the eruption twice a day for six or eight days, each patch being on one occasion rubbed so hard as to remove the scabs entirely and to cause slight bleeding. During this time, and for a few days thereafter, the patient lies in bed enveloped in blankets, after which he takes a warm bath and dresses himself. The treatment often requires to be repeated, and is only successful in a few cases, for which reasons, and

also owing to the pain which it produces, and the necessity of confining the patient to bed, it can seldom be carried out in private practice.

Mercurial applications are often of service in simple inflammations, although not to the same extent as the preceding remedies; while in syphilitic affections they are almost indispensable. If itching is a prominent symptom, they may with advantage be combined with one of the empyreumatic oils. Those which are most valuable are corrosive sublimate, calomel, white precipitate, red oxide, and red and green iodide of mercury, and ointment of nitrate of mercury, not to speak of the well-known yellow and black washes of the Pharmacopœia. A few illustrations of their use as powders, lotions, and ointments may be given.

In cases of syphilitic condylomata, at the anus we shall say, Ricord's treatment is very effectual. This consists of washing the parts twice a day with solution of chlorate of soda, drying them, dusting them with calomel, and separating them with a piece of clean dry lint.

Again, in cases of acne and in chronic erythema of the head (pityriasis capitis, as it is often called), the following lotion is of use:—Perchloride of mercury, from twelve grains to one scruple; Price's glycerine, four drachms; rectified spirit, five ounces; spirit of rosemary, one drachm; cochineal, one grain: mix and strain. Dip a piece of sponge or flannel into the mixture, and rub firmly into the part night and morning.

In a recent very able article by my friend Dr. Moriz Kohn, of Vienna, on Lupus Erythematodes,* the value of emplastrum hydrargyri in that affection is referred to; and I can amply corroborate his experience of it in the treatment of this and of allied affections. A piece of lint the size of the part is spread with the melted plaster and applied, and changed once in twenty-four hours.

Lastly, when we have to deal with patches of dry eczema (eczema siccum), or of psoriasis, and, above all, when we have to treat dry syphilitic eruptions, the following ointment may be used:—Subchloride of mercury, one drachm; ammoniated mercury ointment, two drachms; glycerine (Price's), one drachm; simple ointment to one ounce: mix. Rub firmly into the eruption night and morning.

It must never be forgotten that all kinds of mercurial applications are to a certain extent absorbed, and hence you must warn your patient of the possibility of salivation, especially if you do not see him often, and if a considerable extent of surface is being acted upon.

ON THE

TREATMENT OF HIP-JOINT DISEASE.

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(*Concluded from p. 735.*)

SCARCELY of less importance than the question of the antiphlogistic and counter-irritant system, and of the constitutional treatment by support and tonics, without local treatment, except the use of a splint to secure rest to the joint, is the question as to the means by which we may not only secure perfect rest to the joint, without confining the patient to the bed or the couch, but allow the patient to walk about, with the assistance of crutches, during the early progress of the disease.

All surgeons are agreed upon the absolute necessity of securing perfect rest to the joint. The production of pain on motion, whilst the patient is absolutely free from pain when lying down in bed, would clearly indicate the necessity of fixing the joint by some mechanical means, so as to secure as far as possible complete immobility. Usually, the apparatus employed to effect this object—namely, the long straight splint from the axilla to the foot—has also rendered necessary the recumbent position, which has not been thought to be any disadvantage, but, on the contrary, a positive advantage in the treatment of the case. In fact, lying down, either in bed, or on a couch specially constructed for the purpose, has been, and still is, very generally recommended as a part of the curative plan of treatment; and this lying down has generally been continued so long as pain on motion or a percussion over the joint indicates the continuance of the disease. This period has frequently extended to one or two years. Even at the present time, in cases of hip-joint disease in the first stage, the order is sometimes given that the child must lie down for two years.

The use of the straight splint has of late years been to some extent superseded by the employment of strong leather splints moulded to the body from the waist, and extending to the knee.

The leather splint is by no means a new invention. I have used it for the last fifteen years or more, and it was certainly employed long before that time; but generally it has been applied only in the late stage of the disease, when the patient is allowed to walk about after the bursting of abscesses, and when chronic discharge continues from fistulous openings; I should also say in cases in which the patient appears to be recovering after the long continuance of the first stage. Essentially, then, the leather splint has been employed only after the activity of the disease has subsided.

The plan I generally adopt, except during the period of acute pain, is to apply the leather splint, represented in Fig. 1, from the very beginning, and continue its use to the end of the disease, through all stages; and from first to last I allow the patient to walk about with the assistance of crutches, when they are so inclined. By this means we

FIG. 1.

Leather splint generally used by Mr. Adams during the progress of hip-joint disease.

ensure rest to the diseased joint, whilst the constitutional powers of the patient are much improved by walking about at the seaside, or in the country. Children who suffer pain on the slightest motion of the leg, whilst they are confined to bed, in a few days find so much comfort from the support to the joint given by the splint that they begin to walk with confidence, of course using crutches.

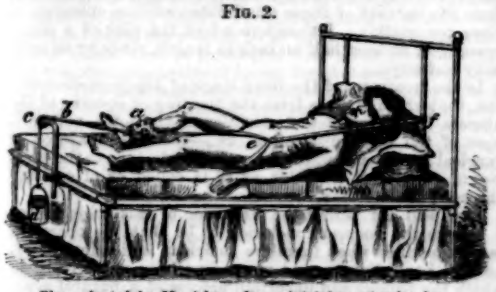
The explanation of the relief to pain in these cases is, probably, not only the support to the joint afforded by the splint, and the immobility which it ensures, but the fact that the leg is brought into a straight position, by which some point of contact and inter-articular pressure of inflamed surfaces in the joint is relieved.

In some cases, quite at the commencement of the disease in young children, I have with advantage employed the straight splint, and kept the child on the sofa for a few weeks, avoiding the bed in the daytime as tending to debilitate the patient. Sometimes I have also used the straight splint when there has been a sudden accession of pain; but under these circumstances, when the disease has existed for some time, I have within the last few years frequently relied upon the system of making extension by means of a weight of from three to five pounds attached to the leg, and playing over a pulley fastened to the end of the couch, as represented in Fig. 2. If this plan relieves the pain, which it generally does, it affords additional comfort to the patient by allowing a certain amount of motion; and this does not re-excite pain so long as the extension is maintained. I have seen the children even sit up in bed to

* Archiv für Dermatologie und Syphilis, Erstes Heft, p. 18. 1869.

eat their meals with comfort; but if the extension was not maintained, pain would quickly return.

FIG. 2.



Plan adopted by Mr. Adams for maintaining extension by means of the weight and pulley, for the relief of acute pain in hip-joint disease.

The *period of acute pain*, the accession of which occurs only in some cases of hip-joint disease, probably in the proportion of about one in ten cases, forms a most important epoch in the history of this affection; important in itself as tending to exhaust the powers of the patient, and generally supposed to indicate an acute stage of inflammation requiring active antiphlogistic treatment, both locally and constitutionally; and important in the results to which it tends. It frequently corresponds to a transitional condition between the first and second stages, and terminates in external abscess, with complete destruction of the joint, dislocation, &c. It also not infrequently terminates in dislocation, without formation of external abscess, and with the dislocation all the acute symptoms usually subside.

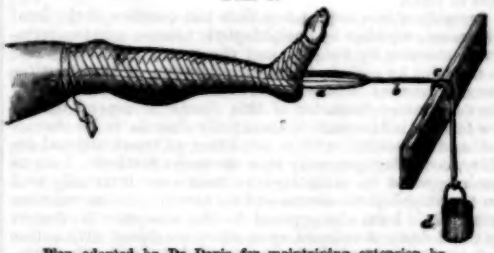
It has been observed by some authors that when dislocation takes place under these circumstances, the disease sometimes ceases; but the fact is, the pain ceases because the cause of pain—namely, the pressure of the inflamed articular surfaces—is removed by the dislocation of the head of the bone, produced, as I believe, by muscular action after the ulcerative destruction of the round ligament.

The period of acute pain, to which I wish to draw special attention, forms, when it does occur, the most distressing feature in the progress of hip-joint disease. It generally continues for two or three months, sometimes longer; and during this period the child is in great agony, frequently screaming, and in dread of the least movement—even of anyone crossing the room or coming near the bed. The nights are sleepless from increase of pain; the child suffers from profuse night-sweats, and wastes, sometimes quickly. There is frequently an appearance of hectic, and the expression of the countenance is peculiarly indicative of fear or terror, evidently from the dread of motion. Muscular jerkings or startings of the limb are also present, and the thigh is nearly always drawn up in a flexed position, and inverted, so that the knee frequently lies across the thigh of the sound limb. In one case only have I seen the limb, during this period of acute pain, abducted, and the foot everted.

In the region of the hip-joint there is always a good deal of swelling, with increase of heat and acute local tenderness—symptoms which, taken together with the general condition of the patient, would always lead to the suspicion of the formation of abscess; and acute suppuration sometimes occurs at this period, though, since it has now been proved that these symptoms, as a general rule, all rapidly disappear under a plan of simple mechanical extension, we need be less apprehensive than formerly of suppuration taking place.

An explanation of this acute pain has been given by Dr. H. G. Davis of New York, and a method for its relief proposed by him, which, so far as experience has gone, seems to prove the correctness of the views entertained by him. Dr. Davis considers that the period of acute pain does not necessarily indicate any increase of the inflammation, or extension to any particular structures; nor does it indicate the commencement of suppuration, as generally supposed; but that it depends upon inter-articular pressure—i. e., the forcible contact and pressure of inflamed articular surfaces, produced by the abnormal contraction of the muscles surrounding the articulation; and the proof of this is to be found in the fact that the acute pain is, as a general rule, removed within a few hours by simple mechanical extension made by a weight attached to the leg, varying from three to five or seven pounds. Dr. Davis, in his work on "Conservative Surgery," recently published,* observes, at page 206:—"We consider it fully established that when disease about a joint renders the movements of that joint painful, the joint is always liable to be destroyed by uninterrupted pressure effected through the contraction of the muscles passing over it." And again, at page 212:—"In diseases of joints, we were the first to point out, as an always present factor in their destruction, the existence of unremitting pressure, as effected by contraction of muscles passing over the joints, causing constant forcible apposition of the surfaces within the joint. This is a general principle appertaining not only to the hip, but to all joints similarly affected.....The application of this universal principle should guide us in any joint-affection, whether the disease be internal or external, as soon as the disease renders the movements of the joint painful.....When this fact was fully established to our mind, we were led to seek the best way of counteracting the contraction of the muscles; and soon came to the conclusion that a constantly acting force, however moderate, must eventually weary muscles by giving them no respite. We adopted the weight as applied by means of the cord, pulley, and adhesive strips, for this purpose, when the patient was confined

FIG. 3.



Plan adopted by Dr. Davis for maintaining extension by means of the weight and pulley, for the relief of acute pain in hip-joint disease.

to the bed or couch (as represented in Fig. 3). This answered the indication perfectly, relieving all pain and constitutional disturbance; enabling the patient to enjoy his days free from pain, and to rest quietly at night, to relish his food, and to be nourished by it: in short, it robbed the disease of all its terrors."

Dr. Davis does not precisely state the period at which he arrived at the above conclusion, as to the cause of the acute pain, and its method of treatment; but it must have been anterior to the year 1855, which is the date affixed to his extension splint by the instrument makers, Otto and Reynders, of New York. At p. 308, he states: "In 1856 I had fully established the treatment of morbus coxarius upon the plan of overcoming the pressure effected by the muscles, through the means of *continued elastic extension*; and the mode, with its results, was very flatteringly commented upon by one of the editors of the *American Medical Monthly* of this city in March, 1857. ..... In April, 1860," Mr. Davis adds, "I gave in the *American Medical Monthly* 'The Mechanical Means adopted in the Treatment of Morbus Coxarius,' in which was given a detailed description of my apparatus, and its application, with a plate." The plan that I have generally adopted is represented in the woodcut Fig. 2.

There can be no doubt that inter-articular pressure, or the pressure of inflamed articular surfaces—one surface being generally pressed against the margin of the opposite articular surface,—must take place when the joint is drawn into a flexed position by the rigid contraction of the muscles, more or less of a spasmodic character, which always coexists with the period of acute pain. Mr. Hilton has particularly pointed out this fact in his lectures "On Rest and Pain;" and explained it to be the result of reflex nervous irritation, depending upon the anatomical fact of the various muscles surrounding the joint being supplied by branches of the same nerves which are also distributed to the interior of the joint.

The explanation of this period of acute pain in joint dis-

* By D. Appleton and Co., New York. 1867.

cases, and its dependence upon inter-articular pressure, produced by the abnormal contraction of the muscles surrounding the articulation, has been recently brought before the profession in a very able paper by Mr. F. H. Marsh in the St. Bartholomew's Hospital Reports.* In this paper the subject is fully discussed, and a series of cases given in illustration of the fact established by Dr. Davis, that the pain is removable by mechanical extension alone, no local or general treatment being adopted, even in cases of most acute pain.

Pain, in its most acute and severe form, may also be relieved by other mechanical means, more especially by the method of straightening the joint at once under chloroform, and then applying the ordinary straight splint and bandage. This plan was adopted many years ago by Mr. Jordan, of Manchester, who has continued to use it up to the present time. The explanation of its success is, I have no doubt, the same as that of the weight-and-pulley plan—namely, the removal of inter-articular pressure. Mr. Jordan informed me that he has always found this plan successful in relieving pain; and I have seen my colleague, Mr. Gay, employ the same method at the Great Northern Hospital. Whether it would be equally as successful as the weight-and-pulley plan in those exceptional and happily rare cases of acute pain to which I have especially adverted as illustrating the success of the weight-and-pulley plan, I am unable to state.

Scarcely of less importance than the question of the local treatment, whether by antiphlogistic means, counter-irritation, extension by weights, and the means of securing rest to the joint by splints, is the consideration of the constitutional treatment to be adopted in these cases. Considering the destructive character of this disease to depend upon a low form of inflammation, essentially chronic in its character, and associated with a condition of constitutional debility, occurring generally in a strumous diathesis, I am as much opposed to antiphlogistic treatment internally as I am to antiphlogistic means and all severe counter-irritation externally. I am also opposed to the alterative treatment by small doses of calomel, even when combined with iodine and tonics, as frequently recommended; and rely exclusively upon such remedies as tend to improve the constitutional powers of the patient, more especially cod-liver oil, hypophosphite of lime and iron, wine, &c. Experience has convinced me that the hypophosphite of lime is a very valuable preparation in this and other strumous affections of the joints, caries of the spine, &c. I give it in five-grain doses, in combination with ten drops of tincture of iron, directly after meals, three times a day.

With the exhibition of these remedies, general hygenic treatment is likewise of the utmost importance, especially country air, with a change to the seaside, and either out-door carriage exercise daily, or walking with the assistance of crutches, when the leather splint can be used. This includes the general plan of treatment which I adopt in the first stage of hip-joint disease.

The treatment of the second stage, which is essentially that of the formation of abscess, and extends from the formation of abscess to the bursting or opening of the same, is conducted on the same general principles as are applicable to the first stage. During the formation of abscess I substitute a gutta percha for the leather splint (represented in Fig. 1), and apply lint, moistened with warm water, under the splint; or, if the patient should be obliged to keep his bed for a short time, poultices may be used.

With regard to opening the abscess when formed, my opinion is against opening it at an early period, as the matter is at a considerable depth, and the wound soon closes: my general practice is to open the abscess when it is increasing in size and inclined to point, or when it is causing any constitutional disturbance. If allowed to attain a large size, the subsequent drain upon the system is excessive, and the abscess continues to discharge for a long time. There is also the danger of a large surface of skin passing into a condition of sloughy ulceration, which I have seen occur in several instances, and after the healing process has been completed, a large, thin, irritable cicatrix, adherent to the great trochanter, has been left.

As to the mode of opening the abscesses, I have for many years abandoned the small valvular or subcutaneous opening, from the difficulty of giving free exit to the thick, curdy, scrofulous matter contained in the abscess, and also from the liability of these small subcutaneous openings to close too quickly. I therefore adopt the plan of a direct opening of at least half an inch in length, made by an ordinary bistoury.

In the treatment of the third stage of hip-joint disease—viz., that which extends from the bursting or opening of the abscess to the complete destruction of the joint, with disease of the bone, dislocation, &c.,—the chief question of surgical importance which arises is in reference to the practice of excision of the joint, as it is called, or of excising the head of the femur.

Time will not permit the discussion of this subject; but I believe the general conclusion to be that the operation is only justified when there are sufficient indications of extensive bone disease, and more especially of necrosis, in which the tedious and uncertain process of a natural separation of the sequestrum urgently calls for surgical interference.

* On the Prejudicial Effect of Inter-articular Pressure in Joint Disease, and the application of Continuous Extension by means of a Weight as a Remedy for this condition. By F. H. Marsh. (St. Bartholomew's Hospital Reports, vol. ii. London: Longmans, Green, and Co.)

ON A PURELY MILK DIET IN THE TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, DISEASE OF THE SUPRA-RENAL CAPSULES, FATTY DEGENERATION, &c.

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(*Continued from page* 736.)

I SHALL now pass on to the consideration of milk as a therapeutic agent in the treatment of Bright's disease with dropsy, and begin by giving the following two cases in illustration.

Case of Bright's disease; second stage; complete recovery.—Patrick M——, aged fifty-five, a labourer on the highways, and consequently much exposed to wet and cold, especially in winter and spring. Previous to his illness, he suffered much from want of rest for a lengthened period in attending his wife before her death. He was always temperate in his habits, and had enjoyed good health until the commencement of his present illness, in the beginning of April, 1868, when a dropsical swelling appeared in both feet and ankles, gradually increasing and extending upwards during the summer months, until, at the end of August, the trunk, face, and upper extremities became so œdematous, and the abdomen so ascitical, that he was compelled to give up work. During the whole of this period the urine was scanty.

On the 25th of September (about five months after the first appearance of the dropsy) he entered the Sunderland Infirmary, under my care. At this time the œdema was general and excessive, especially in the lower extremities, penis, and scrotum; the latter were enormously swollen; the ascites was also considerable. The urine was scanty, highly albuminous, and the specific gravity 1010; it formed, on standing, a scanty flocculent deposit, containing fatty and hyaline tube-casts. He was suffering much from cephalalgia and nausea, indicative of uræmia. His countenance was pale, pasty, and puffy.

The skim-milk diet was prescribed. Five pints of carefully skimmed milk were ordered as a daily allowance, in divided doses of a tumblerful, at intervals of about two hours, commencing in the morning at eight o'clock. Every other article of diet was strictly prohibited. A diuretic, composed of twenty grains of acetate of potash and twenty minims of tincture of digitalis, in an ounce of water, to be given thrice daily, was also prescribed. This treatment was strictly continued for a fortnight, with the following result. During the first twenty-four hours five pints of urine were voided; this increased flow continued daily, the specific gravity being 1010, and the albumen gradually diminishing. The dropsy showed a marked decrease from day to day. At the end of the fortnight there was not a trace of albumen left in the urine, and the dropsy had entirely disappeared, and did not again return. The daily quantity of urine was now reduced to three pints, but its density had risen to 1015.

At this period (October 12th) the diuretic was withdrawn, and a tonic prescribed, consisting of one grain and a half of sulphate of iron and three grains of sulphate of quinine, in mixture, thrice daily. The same quantity of milk was continued daily, but ordered to be taken in equal quantities at four meals, with an interval of four hours between each, and a moderate quantity of brown bread was allowed to each meal. This treatment was continued without change for a month. The urine remained stationary at three pints daily, free from albumen, but with its density raised to 1020. The patient's strength, previously much reduced, rapidly increased, he gathered flesh, and his countenance became clear and ruddy.

On the 9th of November the daily allowance of skim milk was reduced to four pints, taken at three meals with brown bread; while half a pound of beef or mutton, with potatoes and brown bread, was allowed for dinner. The tonic was continued. The specific gravity of the urine, now quite healthy, rose to 1025.

On the 28th of November he was dismissed cured. Shortly afterwards he resumed his occupation; and has continued well up to the 10th of March, 1869, when last seen by me.

Case of Bright's disease: inflammatory form; second stage; general œdema; ascites and hydrothorax.—W. M——, aged thirty-one, a labourer in a ship-building yard. He had been generally healthy, and of temperate habits. In July, 1868, he had a severe attack of diarrhœa, which confined him to his bed and to the house for a month; at the end of which time he resumed work, greatly reduced in strength. In the early part of October he suffered severely from want of rest in nursing his wife nightly prior to her death. On the 13th of October he first observed a swelling in his feet and legs, and also that his urine was scanty and dark-coloured. This swelling gradually increased in the lower extremities, and then the abdomen became tense and enlarged; while simultaneously the trunk, face, and upper extremities assumed a swollen, puffy appearance.

The patient's condition gradually grew worse; and on the 17th November he was admitted into the Sunderland Infirmary, under my care. On admission his condition was as follows:—Feet, legs, thighs, scrotum, and penis enormously swollen and œdematous; there was also much œdema of the trunk, face, and upper extremities. The abdominal cavity was distended with fluid, and there was also a considerable amount of fluid in the cavity of the right pleura. Moist râles were audible over both lungs; and there was much cough, with a thin mucous expectoration. The patient suffered severely from dyspnœa at night, when in the recumbent position and on exertion. Pulse very feeble, but heart's sounds normal. Urine scanty and dark-coloured, specific gravity 1025, and highly albuminous; it deposited fatty tube-casts, and epithelium containing fat-granules. The patient weighed 11 st. 2 lb.

The skim-milk diet was ordered—five pints daily, taken warmed, at four meals, with an interval of four hours between each: every other article of food was prohibited. Also a diuretic, composed of twenty grains of acetate of potash and twenty minims of tincture of digitalis, in mixture, thrice daily.

During the first twenty-four hours no less than six pints of urine (specific gravity 1010) was passed. This large quantity continued to be voided daily, and a rapidly progressing diminution of the dropsy was at the same time observable up to the 26th November—nine days after the commencement of the treatment,—when not a trace of it remained, either externally or internally. On this day the patient was weighed by the assistant house-surgeon and myself, in the presence of the pupils, and his weight was ascertained to have been reduced in this short period to 9 st. 6 lb.; *he having lost 24 lb. of fluid in nine days.* The urine still contained albumen, but in much smaller quantity.

Nov. 27th.—At this date, to satisfy the cravings of the patient, I allowed a moderate quantity of brown bread to each meal. But unfortunately, as he afterwards confessed, not being content with his diet, and thinking that he was out of danger and that I was starving him, he secretly partook freely of various other articles of diet given him by other patients, while the milk was to some extent discarded. The result was that the urine rapidly diminished in quantity, even to so little as a pint in twenty-four hours, highly albuminous, and of high specific gravity; while the dropsy reappeared and rapidly increased, so that at the end of a fortnight his condition was nearly as bad as when admitted.

Dec. 11th.—The skim-milk diet was begun *de novo*, and every other kind of food strictly forbidden, even bread. The danger of disobeying this order was fully explained to the patient. The daily quantity of urine suddenly rose to five and six pints, varying in density from 1010 to 1015, but still containing a considerable quantity of albumen. This continued flow lasted up to the 23rd, nearly two weeks, at the end of which time the ascites and all the œdema had disappeared a second time, except a little about the feet and ankles; the urine now became reduced in quantity to about three pints daily, and continued for some days to bear a definite relation to the quantity of fluid ingested (due allowance being made for the water exhaled by the lungs and skin daily).

After the 23rd, however, the quantity of urine gradually diminished, with an increase (relative) of albumen and of specific gravity. With this change the dropsy returned, and kept rapidly increasing.

31st.—The quantity of urine during the previous twenty-four hours, 2½ pints, highly albuminous, sp. gr. 1020. For a few days previously the urine had been much the same, though sometimes less in quantity and of greater density—as high as 1035. There was great dyspnœa. Half a drachm of bitartrate of potash every four hours, instead of the acetate, was ordered.

Jan. 12th, 1869.—The dropsy has daily gained ground since previous report. Hydrothorax in right pleural cavity again superadded to the ascites. Urine highly albuminous; sp. gr. 1018. Dyspnœa much increased.

19th.—Dropsy still increasing; great dyspnœa; urine less than one pint, sp. gr. 1035. During the previous week the urine varied daily in quantity from 3½ to less than 1 pint, and in specific gravity from 1011 to 1035; highly albuminous. The following diuretic was prescribed: tincture of digitalis, twenty minims; tincture of squill, twenty minims; infusion of scoparius, one ounce: every six hours.

23rd.—No improvement in the dropsy; urine highly albuminous; daily quantity since previous date below a pint and a half; specific gravity suddenly fallen to 1012. Patient very drowsy, and sleeps a great deal.

27th.—Drowsiness and inclination to sleep much increased, with headache, dimness of vision, and confusion of intellect; urgent dyspnœa; pulse feeble; tongue dry; œdema, ascites, and hydrothorax increased. Urine as scanty as ever; sp. gr. 1010.

The patient's condition now seemed almost hopeless, and death approaching, either by *renal epileptic coma* or by asphyxia, resulting from the dropsy. Accordingly a drastic purgative, consisting of three drops of croton oil in a colocynth pill, and ten grains of hyoscyamus, was ordered immediately. The diuretic of digitalis, squill, and scoparius, under whose administration the specific gravity of the urine had fallen so remarkably, was withdrawn, and half-drachm doses of acetate of potash, in water, every four hours, prescribed instead.

28th.—The croton oil had acted very freely, about seven pints of fluid having passed from the bowels, and about a pint of urine was voided. The head-symptoms and the breathing were very much relieved.

During the next ten days the urine continued to be as albuminous and scanty as ever; but its specific gravity again rose, varying from day to day from 1030 to 1043. The acetate of potash was continued, and four drops of croton oil, as before, every other day. By this means a very large quantity of fluid was drained from the bowels, and the dropsy very considerably diminished, especially the thoracic and abdominal. The cerebral symptoms speedily disappeared. The quantity of skim milk was now reduced to four pints daily, and half a pound of lean beef or mutton allowed, with a little rice, for dinner.

Feb. 7th.—Hydrothorax gone; ascites and œdema of the lower extremities much reduced. Urine a pint and a quarter; sp. gr. 1033, highly albuminous. The acetate of potash withdrawn, and the bitartrate of potash (mixed with equal parts of treacle, and a teaspoonful to be taken every three hours) prescribed instead. The patient being very feeble, six ounces of gin daily was also ordered.

10th.—Urine a pint and a half; sp. gr. 1035, highly albuminous. Dropsy much the same as before. Four drops of croton oil were ordered in pill as before.

13th.—Erysipelatous inflammation of the skin of the posterior surface of both legs now broke out with great severity, accompanied with much pain and great increase of swelling, especially of the left leg, which became extremely tense. The urine continued much the same. The dose of croton oil was now repeated, and every other day in addition for the following week. The patient was placed in bed, with his legs elevated very much above the level of the trunk, by which means the fluid gravitated into the abdomen and upper part of the thighs, and the tension of the legs was very much relieved. A lotion, consisting of two drachms of acetate of lead, with half a drachm of dilute acetic acid, in a pint of water, was applied, in the same manner as the water dressing, to the inflamed surfaces. No other alteration in the treatment was made, and in the space of a week the local inflammation was completely subdued.

23rd. — Much improved. Ascites very slight, and the œdema of the legs much diminished. Urine, two pints and a half; specific gravity 1030. The patient began now to perspire freely. Acetate of potash continued to be administered as a diuretic, and occasionally a dose of four drops of croton oil was given, with the view of diminishing the dropsy. The milk diet was persevered in—five pints daily, with half a pound of lean butcher-meat, green vegetables, and a little bread, for dinner. He gradually improved up to the 27th of March, when his urine was five pints, the specific gravity 1017, but still albuminous. For some days previously the urine had been increasing in quantity. The dropsy was now almost completely subdued, a little swelling in the feet and ankles only remaining.

From this period onwards the patient continued to improve in every respect, and rapidly regained both flesh and strength; the dropsy kept away, but the urine remained albuminous. He remained in the infirmary until the beginning of June, when he was dismissed. Unfortunately he returned home to poverty, and to circumstances the most unfavourable to a continuance of his improved condition. I saw him last in October, in his own dwelling, and found that for several weeks his state had been getting worse; he had lost much flesh and strength, although there was no œdema except below the knees. I could not help reflecting that his condition of health would in all probability have been widely different if he had been a person of affluence, and could have spent the summer and autumn in some congenial watering-place and climate, surrounded by everything necessary for his continued improvement. As it was, I felt assured that the milk diet, with which he had still persevered more or less, had kept him alive up to the period of my visit, and had been instrumental in saving his life three times under the most desperate circumstances, aided by other remedies while in the hospital.

(To be continued.)

A CASE OF

ANEURISM OF INTERNAL CAROTID IN THE CAVERNOUS SINUS,

CAUSING PARALYSIS OF THE THIRD, FOURTH, FIFTH, AND SIXTH NERVES.

BY JAMES ADAMS, F.R.C.S.,
ASSISTANT-SURGEON TO THE LONDON HOSPITAL.

FREDERICK B——, aged fifty-six, a sign-writer, was first seen on the 23rd of February, 1869. His right eye was completely closed, partly from paralysis of the levator palpebræ, and partly from œdema of the lids, the surfaces of which were red and superficially ulcerated. The cornea was hazy, and ulcerated in the centre; the conjunctiva and sclerotic were reddened, with some œdema of the subconjunctival tissue. Through the hazy cornea the pupil could just be made out; it was of moderate size, and quite immovable. Vision: R. = shadows of large objects.

L. = $\frac{2}{20}$, and J. 8 at 12".

Fundus of right invisible; left normal. No movement could be produced in the right globe in any direction, either independently or consentaneously. The surface of the eye was absolutely insensible, and when irritated no movement of the lids followed; but when the conjunctiva of the left was touched, the lids of both eyes were forcibly closed. Tension, = —1. There was perfect anæsthesia of the right supra-orbital region, of the right side of the nose (both of the mucous and cutaneous surfaces), and *partial* anæsthesia of the right supra-maxillary region.

Six weeks before he came under observation, he suffered from giddiness and pain in the head, limited to a spot of the size of a half-crown in the right temporal region. After these symptoms had persisted for a few days, the right eyelid drooped, and the loss of motion of the globe and ulceration of the cornea quickly followed. He admitted having had primary syphilis in early life, but there was no evidence of any secondary or tertiary periods. He is the father of a healthy family.

He was put under a course of iodide of potassium, but no material alteration ensued. In the course of a few weeks an abscess formed in the orbit. It was opened, and discharged healthy pus, and healed.

About a month later he had general anasarca and bronchitis, with large quantities of albumen in the urine, and died on May 21st.

After some difficulty, I obtained permission from his friends to examine the head, which I did the day after his death, being assisted by Mr. Salt. The brain was softer than natural, and there was a large quantity of fluid in the ventricles. Projecting from the right cavernous sinus was a smooth, soft tumour, about the size of a walnut, pushing the dura mater from the bone. Owing to the unfavourable conditions under which the examination was made, it was impossible to dissect out the sinus, so I removed the tumour by cutting as close to the bone as possible. It proved to be a sac containing laminated deposits of fibrin, those most external being firm and pale, those nearest the sinus dark and soft. There were several small patches of degeneration in the basilar artery.

Finsbury-circus, November, 1869.

ON THE ACTION OF IPECACUANHA.

BY C. C. FULLER, F.R.C.S.

I HAVE been induced to make the following communication in answer to Dr. Anstie's invitation to those who have studied the action of small doses of ipecacuanha in vomiting and other diseases to make public their experience. I was led by the recommendation of a medical friend to test the value of small doses of ipecacuanha; and I did so, but with the greatest scepticism, and with the fullest expectation of finding these small doses useless. It was only after repeated successes that I was compelled to believe in the efficacy of this treatment in the following classes of cases.

1. *Vomiting of pregnancy.*—Having given extended trials of the following remedies in this disease—viz., hydrocyanic acid, nitrate of potash, oxalate of cerium, opium, nitro-muriatic acid, bismuth, alkalies, and quinine; and though each of these remedies was frequently useful, I am convinced that they are all far inferior to ipecacuanha. Its effects are frequently conspicuous in the most severe cases; and it is able not only to control that vomiting which occurs on rising in the morning, but also the more severe forms in which the nausea, retching, and vomiting are almost incessant. The following are brief accounts of two of the cases which occurred under my notice.

Mrs. W——, aged thirty-two, mother of four children, had always suffered during the whole period of her previous pregnancies from severe retching and vomiting, repeated many times a day. On the present occasion she was in the fifth week of her pregnancy, and her sufferings from retching and vomiting were as severe as in former times. She was ordered to take a drop of ipecacuanha wine in a teaspoonful of water every hour, and on the second day of this treatment all retching and vomiting had ceased. The medicine was then discontinued, and was only taken in drop doses on the occurrence of nausea, which it immediately removed. One dose of the medicine was usually taken during the remainder of her pregnancy on each day.

Mrs. D—— was in most respects similar to the previous patient. She had three children, and during the whole

period of each pregnancy she was tormented with sickness and retching, repeated many times a day. After using several remedies without success, the drop-dose of ipecacuanha wine was ordered, and the most marked relief followed after the lapse of eight hours. It was given, as in the former case, every hour; and discontinued and resorted to in precisely the same manner and with the same satisfactory results.

I could easily refer to other cases equally successful, but these will serve as examples of the efficacy of this treatment. A more extended experience has proved that a dose administered every four hours is sufficient to secure the desired result.

2. *Sickness and diarrhœa of children.*—In this troublesome and frequent affection of children, a drop of ipecacuanha wine, administered every hour, or less frequently, according to the severity of the disease, is most successful. Under its influence the sickness almost immediately subsides and the diarrhœa abates, although the latter may continue one or two days longer, and in a few cases, although very much controlled, may require another remedy to remove it. Its use is indicated when the motions are *frequent* and *slimy*, and also when they are of a *grass-green colour*; and it is also highly efficacious in this form of dysentery when unaccompanied by vomiting; but the presence of sickness may be accepted as a special indication of its usefulness, and rarely will it be found to fail where sickness and slimy diarrhœa are present. The notes of numerous cases have been preserved, but it is unnecessary to give a detailed account of them, as they all presented the symptoms above mentioned.

The same treatment will sometimes prevail over other forms of vomiting as the following case proves:—

Mrs. H——, aged sixty-seven, had suffered from occasional vomiting for about four years. The attacks would last for from about ten days to a fortnight. She was never a month without one of these attacks. The vomiting frequently followed from fifteen minutes to half an hour after taking food, but sometimes an hour elapsed before its occurrence. These attacks were treated by several medical men, and relief obtained, but they recurred as stated above. No cause of the complaint could be discovered. Recourse was had to drop doses of ipecacuanha wine every four hours, but no apparent relief from the vomiting resulted until four days had elapsed, although the patient asserted she felt better. At the expiration of that period the sickness ceased, and from that time (more than a year since) she has had no return of the sickness, although she is obliged to have recourse to the medicine on the occurrence of feelings which experience has taught her are the precursors of her attacks.

In conclusion, it is right to mention that cases of other forms of vomiting have occurred in my practice, which have entirely resisted this treatment. Contrary to the experience of some, I have obtained at present no success from ipecacuanha in the vomiting of drunkards, and it is useless to expect that ipecacuanha or any other medicine should be a panacea for all forms of vomiting.

Albany-street, Regent's-park, November, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullaautem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

SURGICAL CASES, ILLUSTRATING LIGATURE OF ARTERIES FOR ANEURISM—DISSEMINATION OF CANCER—DIAGNOSIS OF SURGICAL TUMOUR.

(Under the care of Mr. ERICHSEN.)

Ligature of Arteries for Aneurism.—There are at the present time in this hospital two cases in which deligation has been performed for the treatment of aneurism in the lower extremity. One was an instance of aneurism springing from the femoral and a small portion of the external iliac arteries on the right side. The patient, who was an anæmic and anxious-looking labourer about thirty-six years of age, had noticed a pulsating tumour in the groin for five weeks before his admission. On the 27th of October the external iliac artery was tied by Mr. Erichsen, the incision through the abdominal walls having been made at a greater distance than usual above Poupart's ligament, on account of the extent of the tumour, and the possible necessity for applying a ligature to the common iliac trunk. The patient has since done well, with the exception of a slight attack of erysipelas, which soon passed away. The second case was one of aneurism of the popliteal artery in a stout, healthy-looking man, aged twenty-four years. For the first two weeks of hospital treatment the femoral artery was subjected to compression, both digital and instrumental, and the limb was flexed. In consequence of the great pain and uneasiness caused by these proceedings, and the increase of the aneurismal tumour, it was finally determined to place a ligature round the femoral artery. This was done on the 10th of November; and on the following Wednesday the patient was progressing very favourably. At the operation Mr. Erichsen had to cut through a layer of fat of considerable thickness. It is possible that the failure attending the treatment by external pressure may have been due to the great amount of this subcutaneous adipose tissue.

Dissemination of Cancer.—Mr. Erichsen has had under his care for some months past a middle-aged woman suffering from a large malignant ulcer in the right mamma, the base of which consists of large cancerous masses, involving the breast and right axilla. No symptoms of cancerous deposit in the viscera have as yet been manifested; but in the left breast is a hard tumour, clearly of a scirrhous nature. In April last the patient, with a very slight movement of the leg, fractured the right femur. The broken ends united very slowly; and from the seat of the lesion arose a hard and immovable tumour, which has now increased to a great size, and forms a considerable projection at the outer surface of the thigh. From its rapid growth and great solidity there can be no doubt that this mass of callus is a secondary cancerous formation.

Diagnosis of Surgical Tumour.—A woman, fifty-seven years of age, was admitted early in November, on account of a hard indolent tumour, of about the size of a nutmeg, firmly embedded in the muscular tissue of the tongue, on the left side. From the advanced age of the patient, Mr. Erichsen was led to think of malignant disease, but, on examination of the tongue, found that the apex and edges of the organ were quite free from disease. As these parts, according to Mr. Erichsen's experience, are universally involved in scirrhus and epithelioma, some other origin had to be sought for. An irregular serpiginous ulcer below the chin aroused a suspicion of tertiary syphilis; and, with the view that the growth in the tongue was a gummatous deposit consequent upon a remotely antecedent infection, a mixture containing one-sixteenth of a grain of perchloride of mercury, and one drachm of tincture of quinine, was ordered to be given three times daily. The diagnosis was soon confirmed by a rapid decrease in the size of the tumour—which, after a treatment of ten days, could be scarcely felt,—by an improvement in the general health, and also by the discovery, under a hard, dry scab upon the scalp, of a portion of dead and exposed cranial bone.

MIDDLESEX HOSPITAL.

MEDICAL CASES.—SEVERE CEPHALALGIA ASSOCIATED WITH PERSISTENT HICCOUGH—PERSISTENT VOMITING.

(Under the care of Dr. MURCHISON.)

Severe Cephalalgia associated with persistent Hiccough.—Dr. Murchison has recently directed the especial attention of his class to an extremely interesting case, the clinical history of which may be thus briefly summed up:—A plethoric man, forty-three years of age, who had suffered during the preceding fifteen months from frequent attacks of headache, giddiness, and nausea, and from occasional peculiar sensa-

tions shooting from the neck to the top of the head, was seized on October 30th with more marked and severe symptoms, which compelled him to apply for in-patient relief. From the day of his admission this patient has complained of intense pain in the head, some intolerance of light, nausea, and occasional vomiting; and, ten days later, was troubled with hiccough, which remained persistent, and became so loud as to be heard distinctly over the whole ward. The temperature has been high. The man has remained perfectly conscious, and no symptoms of paralysis have been observed. Dr. Murchison stated that it was important to take notice of the previous symptoms in this case, as frequent attacks of headache in association with nausea and vomiting, occurring in a middle-aged patient, generally indicated cerebral mischief. This case was doubtless one of long-standing disease within the cranium, which had recently taken a sudden start and become acute. The man states that he has had venereal sores on the penis, but there is no history nor any existing marks of constitutional syphilis. The cause of the severe symptoms may be some deposit in the brain, as abscess, tubercle, or a tumour; or chronic inflammation of the brain suddenly involving the membranes and becoming acute. The patient himself attributed his symptoms to a carious tooth in the lower jaw, as he believes that the contact of food with the diseased surface of this tooth sometimes alleviated the pain in the head. For the sake of relieving the man's mind on this point, Dr. Murchison ordered extraction of the tooth; but it was afterwards thought advisable to postpone this proceeding, in consequence of the violent and persistent hiccough.

Persistent Vomiting.—A woman, fifty-four years of age, was admitted under the care of Dr. Murchison, on account of vomiting which constantly occurred immediately after swallowing food, and of occasional severe pain in the stomach after the passage of a small quantity of the swallowed mass into this viscus. These symptoms had lasted persistently for fifteen months, and had reduced the patient to a state of extreme emaciation. A marked bronzing of the skin suggested at first sight a case of vomiting in connexion with Addison's disease; but Dr. Murchison, on investigation, was led to reject this idea for the following reasons:—The woman had had a dark skin from her childhood; the bronzing was general, whereas that associated with the disease of the supra-renal capsules is presented in irregular and circumscribed patches, generally found in certain parts of the body, as near the nipples and in the axillæ, and over the seat of previous blisters. The vomiting in Addison's disease occurs at regular intervals, whereas in the present case it never occurred except after deglutition of food. From the immediate return of food after swallowing, and the absence of any abdominal fulness, the case was diagnosed as one of obstruction from constriction of the œsophagus or cardiac orifice of the stomach, the precise nature of which it was difficult to make out. Dr. Murchison pointed out to his class that the principal diagnostic point with regard to the seat of gastric obstruction was the size of this organ. With constriction at the pylorus, the whole stomach becomes enormously dilated, as the chief difficulty consists, not in introducing food, but in getting it out. With a narrowing of the œsophagus, or cardiac orifice, on the other hand, the viscus contracts, and occupies a smaller space, in consequence of its remaining empty. The treatment in this case has consisted in the frequent administration of nutritious enemata, and in getting the patient to swallow every hour one ounce of a mixture of milk and lime-water. The woman was able in a little time to take at short intervals a double quantity of this nutritious fluid, and is now progressing favourably.

Treatment of Ascites by Copaiba.—In the same hospital, Dr. Thompson and Dr. Liveing have been successfully treating some cases of ascites with copaiba. Dr. Thompson employed the treatment in a man with ascites caused by obstruction to the liver circulation, who had been tapped three times. He recovered under copaiba treatment. Dr. Liveing's were apparently hopeless cases of ascites from kidney disease. In one there was also heart disease, and general dropsy also in both. They recovered entirely from the dropsy under copaiba treatment, when everything else had failed. The subject was discussed at a recent meeting of the Clinical Society. Reference to this mode of treatment will be found in THE LANCET "Mirror" of Feb. 27th, 1869.

ST. BARTHOLOMEW'S HOSPITAL.

REMOVAL OF THE FOOT.

(Under the care of Mr. SAVORY.)

ON Saturday, October 23rd, Mr. Savory operated on a man whose foot was much deformed and contorted, in consequence of recurring disease of the bones of the tarsus and metatarsus. Removal of the foot was decided upon as the best means for leaving to the man a permanently useful limb, and the proceeding carried out was that known as Mr. Syme's operation. This was preferred to Pirogoff's, for the reason that in caries of the tarsal bones there is generally a tendency for the os calcis to become similarly affected, and the difference in the length of the stump is not very considerable. Mr. Savory does not follow strictly Mr. Syme's rules in making the flap from below, and dissecting the skin backwards and upwards, but thinks that the operation is facilitated by disarticulating the foot in the first place, and then carrying the knife close to the os calcis, from above downwards, round the projection of the heel. On the preceding Saturday, Mr. Paget removed the remaining portion of os calcis from a man on whom Pirogoff's operation had been performed some three months before. This proceeding was necessitated by constant and severe pain in the stump, which had commenced soon after the operation, and was associated with chronic inflammation, and thickening about the tendons of the muscles in front of and behind the leg.

ST. GEORGE'S HOSPITAL.

MEDICAL CASES.

(Under the care of Dr. OGLE.)

WE subjoin a note of some interesting cases at present or lately under observation.

A gardener, aged fifty-nine, after affecting news, became subject to tingling in the left leg, and then in the right. After lifting a load, a convulsive attack occurred, with some loss of consciousness. On admission, a peculiar choreic movement of the right hand, and slightly of the arm, existed, the arm being a little wasted. Similar movement in the right leg existed, but to a very small degree. Latterly it has increased in the leg. After some time a peculiar hiccoughing came on, lasting day and night for a week. This ceased after application of the continuous galvanic current, which was applied to the arm and leg affected by movement, and did not return. In this case four grains of hydrate of chloral were injected subcutaneously; but the irritation was so great that it could not be repeated.

The hydrate of chloral was also employed in the case of a woman, aged twenty-one, affected with *scarlet fever*, in whom, three days after admission, pains in the fingers and ankles came on, which became red and swollen, exactly resembling rheumatic fever, temperature ranging about 102°. In this case, after four nights passed without sleep, fifteen grains of the hydrate of chloral produced a good night. Desquamation came on eventually. She is now convalescent, and the temperature is normal. The treatment was throughout by quinine and tincture of perchloride of iron, and hydrochloric acid.

Case of a boy with *enteric fever*, in whom great delirium existed, followed by abscesses in various parts of the body. Recovered.

A woman was admitted with *enteric fever*, in whom a slight relapse occurred, the temperature rising, but still more or less higher in the evening than the morning. The temperature then got altogether lower; suddenly it rose again, but each evening was *lower* than in the morning; and along with this change cough and expectoration came on, and pneumonia set in, the temperature rising to 104·2° A.M., and 102·4° P.M., and the pulse being very rapid and small. Since then the temperature has much come down, and the pneumonia symptoms diminished. The treatment consisted in salines with ammonia, and a small quantity of brandy; and liquor ammoniæ and more brandy when pneumonia set in.

ROYAL FREE HOSPITAL.

THE following operations were performed at this hospital on Saturday, Nov. 13th. For the notes we are indebted to Mr. T. C. Murphy.

1. Mr. Gant excised the left knee-joint of a man, aged twenty-one years, the subject of partial anchylosis of the joint in a faulty position. The hamstrings had been divided on a previous occasion, and forcible extension employed, without much benefit. The disease had commenced about fifteen months ago, probably in the synovial membrane, and extended to the cartilages, which were partly ulcerated. The patella had become fixed to the outer condyle of the femur, and the knee was semiflexed, and fixed almost immovably in this position. After the operation the limb was firmly fixed by means of back and side splints, having an interruption opposite the wound, to facilitate change of dressing.

2. Mr. Gant operated for caries of the upper end of the ulna. The patient, a boy of ten years of age, had received a kick on the elbow six months ago. No inconvenience was experienced until a month after the infliction of the injury, when an abscess formed at the upper part of the forearm. The abscess terminated in a sinus leading to bare bone. The elbow-joint was not affected. Mr. Gant made a T-shaped incision, and gouged away the diseased bone, leaving the wound to granulate from the bottom.

3. Mr. John D. Hill operated on a scrofulous boy, whose left knee he had excised fourteen months previously. The patient had made a good recovery from the first operation. But although great care had been taken to keep the cut surfaces of the bones in accurate apposition, yet the medium of union between them was in great part ligamentous, and admitted of too free motion,—probably owing to the boy's cachectic condition. The false joint was opened up, and a thin slice of bone sawn off either bony extremity. Softish ossific union was found occupying the centre of the false joint, and this was surrounded by fibrous tissue. The limb was put up in a Fergusson's splint.

4. Mr. Hill exhibited a woman, sixty years of age, in whom he had excised the left elbow-joint four months previously, for strumous disease of the joint. The patient had made a good recovery, and possessed a very fair amount of flexion, extension, pronation, and supination.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 23RD, 1869.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON ADENOID VEGETATIONS IN THE NASO-PHARYNGEAL CAVITY; THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT.

BY DR. WILHELM MEYER, COPENHAGEN.

(*Communicated by* Mr. MARSHALL.)

THERE exists a peculiar form of defective speech, often accompanied with imperfect hearing, which is found to be dependent on the presence of exuberant growths or vegetations in certain parts of the naso-pharyngeal cavity. These vegetations, when examined microscopically, are found to be composed of the so-called "adenoid" tissue, and are accordingly to be regarded as overgrowths or morbid growths of the closed glandular structures allied to the lymphatic glands found naturally in or beneath the mucous membranes of the pharynx, the fauces, and the base of the tongue. Hence the term "adenoid vegetations" is suggested for them. The presence of these vegetations in sufficient quantity impairs the power of pronouncing the nasal consonants, and gives a "dead" character to the speech. They also impede respiration through the nose, and compel the patient to keep open the mouth, thus giving a vacant aspect to the face. If accompanied by deafness, the vacant look is still more remarkable. The nostrils are usually compressed. Other signs and symptoms are present, and the affection is sufficiently serious to merit attention. The author has briefly described the naso-pharyngeal cavity, in order to define with accuracy the usual seats of these overgrowths. The character of the vegetations themselves is next described. These vary in form and consistence in different situations, being sometimes cristate, and at others cylindrical or flat; sometimes they are solid and firm, and at others soft and highly vascular. The latter easily bleed when examined with the finger. Their microscopical structure also varies slightly, the firmer kinds containing the most characteristic adenoid tissue. Their relation to the normal structures in the naso-pharyngeal mucous membrane is very apparent.

Certain accompanying changes in the surrounding mucous membrane, in the tonsils, in the soft palate, and in the nasal fossæ, have been noticed, and must be taken into account.

The *symptoms* depend on the seat and size of the vegetations. Besides the peculiar effect on the speech, and the open state of the mouth, the nostrils are flattened, so that the nose appears compressed. Moreover, the patient often has a deficient secretion from the nostrils, and sometimes blood accumulates in the mouth. Deafness is occasionally combined with these symptoms. In using an ear-catheter in such a case, the stream of air entering the tympanum is arrested temporarily, without any apparent reason; and sometimes a bubbling sound is heard during insufflation.

The *diagnosis* of such cases is, of course, partly dependent on the presence of the above-mentioned signs and symptoms in a persistent or chronic form. These, however, may also indicate other affections of the nasal organs, such as chronic inflammation of the mucous membrane, and polypi, or chronic inflammation of the soft palate, or enlargement of the tonsils. Hence, the physical examination of the parts concerned is indispensable as a means of diagnosis; and of these, touch is more easy and more sure than sight as a method of research. Digital examination of the cavity may always precede, and nearly always supersede, the use of the rhinoscope. Very full and practical instructions are offered for conducting this examination.

The *frequency* of the occurrence of these adenoid vegetations of the naso-pharyngeal cavity has been tested, in Denmark at least, by careful inquiries prolonged over about eighteen months. The statistics of this affection are shown in a tabular form, and are otherwise explained. It occurs especially in youth.

The *causes* of these vegetations are then briefly discussed, and especially their relation to deafness.

As to *prognosis*, it seems possible that they may diminish or become of less moment as age advances: but this is uncertain.

Their *treatment* is, in the last place, fully discussed. They may be most easily and rapidly removed by a ring-shaped knife, mounted on a long, slender handle, which is passed through one or other nostril, and manœuvred so as to sweep over the mucous surface affected with these vegetations. This proceeding is aided by the forefinger of the left hand passed over the tongue. Two or more operations are sometimes necessary. The bleeding is free, but not excessive. Sickness sometimes supervenes. A complete cure is usually accomplished,—the voice becoming improved, the speech perfect, the nostrils expanded, the mouth closed, the aspect of the face is changed, and any accompanying deafness is relieved.

As an auxiliary means, the use of the nasal douche is of great importance. Nitrate of silver, or the galvanic cautery, may also be employed, with or without the previous application of the knife, according to special circumstances, which are fully indicated. Many little practical details require to be attended to in order to ensure success.

To illustrate the remarks and conclusions above detailed, two typical cases are described, together with the treatment employed and the results obtained.

In conclusion, the real importance of this local disease is enforced, as a reason for bringing it under the notice of the profession in England.

Illustrated photographs of patients, taken before and after the operation, with drawings of the vegetations, of their microscopic structure, and of the instruments used in removing them, are added to the paper.

Mr. SAVORY could not help thinking that there must be great difficulty in distinguishing the adenoid vegetations of the author from enlargement of the many crypts and follicles and ductless glands of the mucous membrane of the affected region.

Mr. THOMAS SMITH felt much in accord with Mr. Savory. The frequency of the disease in Copenhagen rendered it probable that it was nothing more than common naso-pharyngeal catarrh. The symptoms enumerated by the

author are precisely those of that affection, and others have described "granulations," enlargements of the ordinary follicles of the pharynx. Mr. Smith regretted the absence of Dr. Meyer, and would have liked to ask him the *size* of the growths. In all cases of cleft palate in young children, the so-called pharyngeal tonsil is very prominent; and Mr. Smith believed it to be a projection caused by muscular effort to close the cleft. If this projection be not a diseased growth, neither could the vegetations be so regarded.

Mr. CHRISTOPHER HEATH confirmed Mr. Smith's statement about the presence and nature of the "pharyngeal tonsil" in cleft palate. His attention had been called to it by Mr. Coles, the dentist, who was a practised rhinoscopist. The size and relations of this projection might possibly explain some of the variations of success in operations intended to unite cleft palate.

Mr. JOHN MARSHALL referred to the absence of the author, and to his own responsibility as the introducer of the paper. He spoke of the excellence of the English in which it was written by Dr. Meyer himself, and to its perfect openness and freedom from mystery. He had himself seen much hypertrophy of natural structures in the region indicated, but nothing that he could consider a morbid growth. The affection described by Dr. Meyer must, he thought, be more than a common catarrh, from its chronicity, and more than a simple hypertrophy, on account of the liability to bleed. He had accompanied Dr. Meyer to the Orphan School at Haverstock-hill, where they saw 700 children, who were made to speak to them, and especially to utter the words "cannon" and "command." Dr. Meyer selected thirteen children for further examination; and of these two as probably subjects of the disease. They certainly presented the characteristic faces, as described in the paper; and there was certainly an evident obstruction to the finger behind the soft palate. No attempt was made to remove the growths, or to display them by means of rhinoscopy.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOV. 26TH.

THE PRESIDENT IN THE CHAIR.

DR. CHOLMELEY read a case of Confluent Acne excited by the Bromide of Potassium. The patient, aged thirteen, was admitted into the Great Northern Hospital for epilepsy. The bromide was at first given in ten-grain doses thrice daily, but without benefit. The dose was afterwards increased from fifteen to twenty-five grains, with marked benefit as to the epilepsy. Coincident with this improvement, however, an eruption appeared on the face and legs; there was general malaise, with occipital pains; and the fits soon afterwards returned more frequently. The eruption was somewhat like varicella, but the vesicles, instead of drying up, became confluent in many places, the clusters thus formed showing a tendency to enlarge, and exhibiting numerous patches of suppuration. About a month afterwards the patient exhibited a band of eruptions on each side of the face, across the forehead, and all over the front and one side of each leg. That on the face consisted of irregular, elevated, light-brown crusts, so adherent that they could not be detached without causing bleeding. The skin of the legs was vividly red and exquisitely tender, the eruption consisting of circular, elevated vesicles, filled with milky-white matter, and seated on red and hardened bases. The contents of the vesicles consisted of sebaceous matter, and if the vesicle were let alone, it rapidly enlarged, became flaccid, and contained pus. When the eruption had almost died away the bromide was again given, and resulted in a reappearance of the vesicles. The speaker remarked that, according to the experience of French writers, eruptions were frequently induced by the bromide of potassium; and Voisin described five varieties, one of which closely resembled the case under consideration. The French, however, prescribed much larger doses of the drug than we were in the habit of giving.

Dr. BUZZARD remarked that, out of fifteen patients under treatment with bromide of potassium at the Hospital for Epileptics, he noted eight who had been the subjects of an eruption, two of which were very severe. The eruption usually appeared about the face, neck, and shoulders, and in no case were the legs affected. He generally continued the treatment in spite of these eruptions, finding that the patients preferred the latter to the recurrence of epileptic fits, and believing also that the presence of the eruption indicated good effects with respect to the original malady.

Dr. TILBURY FOX thought the pathology of such cases as that exhibitedperfectly clear, and declared the disease to be seborrhœa, in which there was coincident inflammation of the walls of the sebaceous glands.

Dr. HERMANN BEIGEL remarked that he had in very many instances prescribed the bromide without the occurrence of any eruption, and that caution should be observed in attributing the latter to the use of this drug.

Mr. CHRISTOPHER HEATH exhibited a patient with extensive disease of the left upper jaw. The boy, who is now twelve years old, was born with a face presentation; and at and after the age of three months simple hypertrophy of the left upper maxilla commenced and continued. The hypertrophy stops at the median line, the nostrils are both patent, and he can see with the left eye, although he cannot open it. There is a peculiar nevoid growth on the conjunctiva, and a soft spot on the arch of the palate, indicating some increased vascularity in that situation; it is also observable that the teeth are smaller on the hypertrophied side. Mr. Heath proposes to remove the growth, and to exhibit the patient to the Society at the close of the session.

Mr. THOMAS SMITH considered the case as one of simple hypertrophy, analogous to growths that frequently occur on the toes.

Mr. CALLENDER thought it a point of great anatomical interest that the disease had involved the premaxillary as well as the supramaxillary bone.

Mr. JOHN CROFT doubted whether any real benefit would be derived from the performance of the operation.

Dr. GREENHOW exhibited a case of Addison's Disease, the subject of which was a woman thirty years of age, who had been under his observation for five years. Ten years before this period she sustained a fall, was cupped, and suffered afterwards from festering of the wounds. When first brought under the speaker's notice, she had vomiting, with pains in the back, occasional gastralgia, confined bowels, dyspnœa, and loss of appetite; there were dusky patches on the forehead, cheek, and mammæ, the back was dusky, and there was a black speck on the epigastrium, and a dark line round the abdomen. She remained some time at the Middlesex Hospital, improved under treatment, and was readmitted about twelve months after, suffering from the same symptoms in an exaggerated form. Dyspnœa and languor were extreme, and the general surface of the abdomen was as dark as that of a mulatto. She is now much improved in health, but has irregular relapses, after which the duskiness of skin is observed to have increased. There are now discoloured specks on the soft palate, and faint areolæ round the neck and hips. A considerable variation is also observable as to the depth of colour of the spots. Dr. Greenhow remarked that the patient was treated with glycerine, under which a decided improvement took place, and said that in this, as in three other recorded cases, an injury seems to be the starting-point of the disease. It appeared probable, too, that in protracted cases one capsule only was affected.

Dr. OPPERT read notes of eight cases of syphilis treated with the hypodermic injection of mercury. He considered that four were cured; one is still under treatment, but progressing favourably; two experienced considerable relief, but were lost sight of; and the eighth was compelled to discontinue the treatment, on account of the formation of abscesses. The speaker considered that the injections should be distributed equally over the body, that small doses repeated often should be used, and that, though it is not applicable to all cases of syphilis, the plan is useful where inunction cannot be applied, and where the digestive organs forbid the internal use of mercury. It might also be beneficial in some cases of syphilitic cachexia.

In reply to a query put by Dr. Burdon-Sanderson, Dr. OPPERT said that he preferred to inject about the sides of the chest, because it caused less irritation there than in other parts of the body.

Dr. BEIGEL had tried this plan of treatment frequently, and came to the conclusion that in cases of primary syphilis it was useless, but that where syphilitic eruptions existed it was decidedly beneficial.

Reviews and Notices of Books.

Lectures on Clinical Medicine. Delivered at the Hôtel Dieu, Paris. By A. TROUSSEAU, late Professor of Clinical Medicine in the Faculty of Medicine, Paris, Physician to the Hôtel Dieu, Member of the Imperial Academy of Medicine, Commander of the Legion of Honour, Ex-representative of the People in the National Assembly, &c. London: New Sydenham Society. 1869.

WE have already noticed this book incidentally, by the translation of which the New Sydenham Society has laid the profession under a great obligation. There is no surer way for the Society to bring into its membership the great bulk of the profession than by such translations as the present and the works of Hebra, putting within its reach the very best and highest works of continental writers in the clinical departments of medicine.

We may some day, on the strength of the material supplied in the first volume of Trousseau's Lectures on Clinical Medicine (which we have already noticed), and in the present volume, discuss at length the qualities of Trousseau as a teacher and as a physician, and his views of disease—so rational, and withal so practical. At present we content ourselves with enumerating diseases treated of in this second volume. The first volume discussed complaints of an obscure nature. This treats of diseases of daily occurrence, and of the most vital interest to the practitioner. And we should think any medical library absurdly incomplete now which did not have alongside of Watson and Graves and Tanner the "Clinical Medicine" of Trousseau. At the beginning of the work is a most eloquent and valuable lecture by Trousseau on Clinical Medicine, on which we have already remarked. The subjects discussed are—Small-pox, Variolous Inoculation, Cow-pox, Chicken-pox, Scarlatina, Measles, Rubeola, Erythema Nodosum, Erythema Papulatum, Erysipelas (particularly of the Face), Erysipelas of New-born Infants, Mumps, Urticaria, Herpes Zoster, Sudoral Exanthemata, Dothinenteria (or Typhoid Fever), Typhus, Membranous Sorethroat, Gangrenous Sorethroat, Inflammatory Sorethroat, Diphtheria, and Thrush.

The work is full of the results of the richest natural observation, and is the production of one who was enlightened enough to combine with new methods of investigation the vigorous and independent ideas of the old physicians, whom he so eloquently magnifies. It contains the very latest observations of Trousseau, including—Researches regarding Temperature in Diseases; Granular and Waxy Degeneration of Muscles; Leucocytosis in Typhoid; the Spinal and Cerebro-spinal Type of Typhoid Fever; the application of the Sphygmograph in Diseases of the Heart and Epilepsy; the Laryngoscope in Lesions of the Lungs; and the Ophthalmoscope in Cerebral Affections.

The volume is an extremely rich and valuable addition to the library of physicians and practitioners generally.

De l'Urine: Nouvelles données Semiologiques, principaux Réactifs employés au Lit du Malade. Par F. L. NISSERON. pp. 264. Paris: Baillière. 1869.

M. NISSERON'S book is divided into four parts: of which the first treats of the physical characters of the urine; the second, of its chemical characters and general pathological alterations; the third, of its characters in special diseases, including fevers of various types, cholera, diabetes, &c.; and the fourth describes the means of investigation, as the different reagents and instruments employed. A short appendix succeeds, in which are noted the modes of discovering certain accidental constituents of the urine, as iron, lead, mercury, &c.; concluding with a few remarks upon urinary calculi. The chemical part is feebly written, and the author chiefly follows M. Robin's account, which is certainly in some points antiquated and incorrect. We thought, for example, that the idea of there being an acid, termed the pneumic, peculiar to the lungs was long ago renounced. What, then, is the evidence that pneumate of soda can be obtained from the urine? The description of the changes which the urine undergoes in various febrile states is, on the contrary, well drawn up; and the section on Urinary Indigosis contains some original and interesting matter. M. Nisseron lays it down as a rule of general application, that whenever disorder of the intestinal functions is present, the addition of nitric acid will develop urinary indigosis in the urine, the depth of blue tint developed being in proportion to the gravity of the affection. The coloration appears to be owing to the conversion of uroehrome into uroerythrin.

In conclusion, we would recommend M. Nisseron to be a little more careful in his orthography of the names of foreigners. It suggests doubts whether the author has read the works to which he alludes, when he spells Scherer, Sherer; Scharling, Sharling; Lionel Beale, Leonel Beale; Vierordt, Vierord; Sidney Ringer, Sidney Renger; Boettger, Boetger; &c. &c.

Der Bau des Menschlichen Körpers, mit besonderer Rücksicht auf seine Morphologische und Physiologische Bedeutung. Ein Lehrbuch der Anatomie für Ärzte und Studirende von DR. CHR. AEBY, Professor der Anatomie in Bern, mit Zahlreichen Holzschnitten im Text. Erste und Zweite Lieferung. pp. 624. Leipzig: Verlag von F. C. W. Vogel. 1869.

THE knowledge of the German language is, we are happy to think, rapidly extending amongst the younger members of the profession; and to those who are still unacquainted with it, we can suggest no more advantageous or remunerative mode of acquiring it than that of carefully reading through some such work as that which now lies before us. The technical terms, which of necessity occur so frequently in a treatise on anatomy or physiology, afford surprising aid to the student in unravelling the somewhat complex and cumbrous mode of expression characteristic of the German language; whilst he will find many points are considered at length which are scarcely touched upon in English text-books.

Professor Aeby, in his excellent treatise, has endeavoured to bring the morphological and physiological significance of the several structures of the body into prominent relief, neglecting, to a considerable extent, the topographical details, as being more appropriate to a manual of dissection. This plan of course has its advantages and disadvantages; and looking at it as a whole, the work seems to us to be adapted more to the requirements of those who have already acquired a thorough practical knowledge of anatomy than to the beginner. Professor Aeby commences with a short general description of the several tissues; too short, we think, to be of any real service to the student, who must necessarily refer to other and more complete works. And the succeeding sections are devoted to—1, the Organs of Support, including the Bones and Muscles. 2. The Skin and its Appendages, which are also very briefly given. 3. The Nutritive Apparatus, including the Lungs. And, lastly, the Organs of Generation.

In examining the description given of the different bones and muscles individually, we miss the minute and accurate account of the various processes, foramina, and surfaces of the former, and the relations of the latter, which distinguishes the great work of Cruveilhier; but in the place of these, we meet with a philosophical exposition of their morphology and developmental history, which is very ably given. The mode of development of the skull is clearly

described; but we are somewhat surprised to see that Prof. Aeby still clings to the view of its being composed of four vertebræ—a view that may fairly now be regarded as untenable. The actions of the muscles are particularly well given, and in some instances are rendered more distinct by a novel mode of notation. This is especially the case with the interossei, where the actions are exhibited by means of arrows, which we regret the limits of our space prevent us from reproducing. The illustrations are generally good, the muscles being represented as transparencies, so that one woodcut exhibits the order of super-imposition of several layers. We particularly recommend to some of our anatomical writers the figures of transverse sections of the arm and leg at various points, as conveying information respecting the relative position of different structures that is not otherwise easily acquired. In conclusion, we strongly recommend Prof. Aeby's work as a very creditable effort to advance the progress of scientific anatomy.

The Lancet Investigation

INTO THE

ADMINISTRATION OF THE OUT-PATIENT DEPARTMENT OF THE LONDON HOSPITALS.

No. V.

ST. THOMAS'S HOSPITAL,

(SURREY GARDENS.)

IN reporting on the administration of St. Thomas's Hospital it will be necessary to make great allowances for the defects inseparable from the occupation of a building designed for a totally different purpose from that to which it is now applied. Indeed, so imperfect is the accommodation that males and females are obliged to be received on alternate days. Nevertheless, as far as is possible, satisfactory arrangements have been made, and we cannot doubt that the whole will be thoroughly remodeled when the hospital shall be transferred to Stangate. Our remarks, therefore, will be confined to the history and character of the work done, and the adaptation of the staff employed to do it.

Until the year 1834 no out-patients were attended at this hospital; in fact, in the original charter all the income for endowments was ordered to be expended "in the sustentation of the poor kept within the building." In this the hospital conformed in its action to that of all others both in England and in continental cities. It was not merely an hospital for acute cases and accidents, but for all persons labouring under sickness and infirmity, without reference to age or the probability of cure. It was the professional reputation of its medical staff which probably induced the governors to modify this plan, it being most desirable to extend the professional advantages to as large a number of persons, and with as much effect as possible, which could not be done whilst the beds were largely occupied by cases not susceptible of permanent relief or cure. The surgical out-patient practice was first commenced by Mr. Tyrrel, who was in the habit of prescribing for a few patients before his ordinary visit to the wards. In a very short time, however, the number of applicants grew, and as Mr. Tyrrel's time became more and more valuable, an addition to the staff took place. An assistant-surgeon was appointed to attend the out-patients; and, as about this time the principal surgeons began to remove from the neighbourhood of the hospital to the West-end, it was stipulated that the new officer should reside close to the hospital, and attend to urgent cases until the surgeons could arrive.

For more than a century there had been an assistant-physician, who attended in the wards when the senior physicians were absent on leave, and who was permitted to prescribe for a limited number of out-patients. He attended on Thursdays to see new cases, and on Saturdays to see those who were already on the books. At this time there were also a few casual patients, for the most part friends of the nurses and officers, who were prescribed for by the house apothecary, on whom devolved all the duties of a resident medical officer and dispenser of the drugs.

In 1843 the number of casualties and out-patients had so greatly augmented that an addition to the staff was made. A second assistant-surgeon and two assistant-physicians were appointed; the latter attending two days each per week, and the former taking duty twice a week, and especially on alternate weeks.

This arrangement continued until 1858, when the number and character of the out-patients were as follows:—

Out-patients with tickets.

Medical	5462
Obstetrical	2079
Surgical	5709
Total	13250

Casualties.

Medical	4593
Obstetrical	512
Surgical	19142
Maternity cases	771
Total	25018

On the 31st of December, 1858, no fewer than 40,671 cases were under treatment.

Thus in less than twenty-five years an enormous department had grown up; and when it is considered that the medical officers of the Poor Law were appointed in 1835, and that they commenced a system of medical relief of equal, if not greater, extent in the same districts in which the operations of Guy's and St. Thomas's Hospitals were also carried on, we are irresistibly led to the conclusion that this growth of gratuitous medical advice was fostered by the opportunities and temptations held out by those institutions, and that many persons were induced to seek for gratuitous advice who had been accustomed previously to pay for all that they required.

But in the year 1858 still further changes in the staff were made, the propriety of which it is difficult to comprehend. Dr. Brinton was made full physician, and Drs. Peacock and Bristowe, assistant-physicians, were promoted, and relieved of all out-patient work, the whole of which has since devolved on Dr. Clapton, who attends four days in every week, and has had sole charge of about 5000 patients every year. Notwithstanding this diminution of the staff, there was a large augmentation of every class of out-patients until 1862, when the hospital was removed from Southwark to its present site. In 1861 the numbers were as follows:—

Out-patients.

Medical	4644	
Obstetric	2875	
Skin diseases	2062	
Surgical	7353	
		16934

Casualties.

Medical	2094	
Obstetric	633	
Surgical	21506	
Maternity cases	647	
		24880
Total		41814

The total number of cases under care at one time was 43864.

Notwithstanding the removal of the hospital, the number of out-patients of every class continued to increase with great rapidity. The numbers in 1868 were—

Out-Patients.		
Medical	4939	
Obstetric	2587	
Skin diseases	1183	
Children	1060	
Surgical	6264	
Ophthalmic	1458	
		17401
Casualties.		
Medical	15324	
Obstetric	1546	
Surgical	28265	
Dental	1576	
Maternity cases	1188	
Vaccination	448	
		48347
Total		65838

Total under treatment, 67530

The casualty patients are admitted day and night, though the majority are prescribed for between 9 A.M. and noon. The total number has risen from 25,018 in 1858 to 65,833 last year. The medical casualties received a great check when the hospital was removed from Southwark; and the number has grown from 1283 in 1863 to 15,324 last year. All these cases are seen and prescribed for by the house-apothecary and his assistant. The students do not in any way assist. Although fully qualified and of great experience, it may be very confidently stated that the house-apothecaries are quite unable satisfactorily to do this enormous amount of work consistently with the due performance of their other numerous functions. The apothecary or medical officer is the secretary to the school of medicine. He attends no less than seven committees of the medical staff, and keeps all the minutes of their proceedings. All the orders for drugs have to be affirmed by him; and he is responsible for their quality, price, and distribution. He is the only house-physician: he examines and admits all medical cases; he visits the wards at least twice a day; and is responsible for all matters relating to medical cases during the absence of the physicians. He exercises a general supervision over all the officers, and sees that the rules are obeyed; he is responsible for all the sanitary arrangements of the wards and buildings; he makes out the rota of dressers, &c. In fact, upon his energy the whole success of the medical and surgical administration practically depends. It is simply monstrous to give him the responsibility of prescribing for so many patients in addition. This also appears to have been the opinion of the staff; for in 1864, after a visit of Mr. Skirrow, one of the charity inspectors, the question of administration was specially submitted to them for report. And it was unanimously resolved to be "desirable to elect a superintendent or director of the hospital;" and although it was not thought indispensable that he should be a medical man, it was in the opinion of the staff a *sine qui non* that he should be a gentleman of education. It was, moreover, recommended that Mr. Whitfield, the house-apothecary, should be relieved of all treatment of patients and dispensing of drugs, and made general superintendent of every department of the hospital, acting under regulations to be sanctioned by the staff, and being responsible to the governors. In this report it was also proposed that there should be two house-physicians and two house-surgeons; but whilst the latter suggestion was adopted, the former was not, and the casualty medical duty remains in the unsatisfactory state we have described. Matters have, no doubt, been made worse by the impossibility of receiving patients of both sexes on the same day. The women who come on the men's days are treated as casualty patients, and *vice versâ*; indeed, all patients whom the solitary assistant-physician has not time to see are transferred to this department.

The casualty surgical arrangements are in a better state. The two house-surgeons are appointed for six months, and have board and lodging in the building. They take the responsibility of this department week about. They have exact printed instructions as to their duties, which are far less responsible than at St. Bartholomew's. Thus they act under the general direction of the surgeon, assistant-surgeon, or resident assistant-surgeon, as the case may be. They only admit to the hospital in the absence of their superiors, who, being permanent, experienced, and responsible, do not send away destitute wayfarers to seek refuge in the casual wards after amputation of the fingers, as was reported to have been recently done at St. Bartholomew's. The house-surgeons cannot even prescribe except on emergency, and it is assumed that their prescriptions must be affirmed by a superior officer within six hours. The one who has charge of the casualty patients is assisted by eight dressers, of whom two attend from 9 A.M. till 1 P.M., and two from 1 P.M. till 5 P.M. These dressers have no duties whatever in the wards. After 5 P.M. the in-patient dressers attend to casualties. As the house-surgeon assists the resident assistant-surgeon to see the out-patients at one o'clock, the dressers after that hour are left to their own resources. Probably no great harm comes of this, as both assistant and house-surgeons are close at hand, and would be consulted in any complicated case. On the whole, therefore, this department is satisfactorily provided for.

The regular out-patients receive letters which entitle the holder to attendance for four weeks if a medical, and six weeks if a surgical, case. The tickets are given away by the assistant-apothecary in the waiting-room to such patients as seem most to require them, and they are distributed to the six special departments according to the nature of their complaints. The governors have also the power of giving letters of admission.

The times of the attendance of the staff are arranged as well as the capabilities of the building will permit. None of the staff attend before half-past twelve or one o'clock. A week's surgical work was as follows:—

	Females.	Males.	Total.
Oct. 12th—Ordinary cases ...	165	3	168
„ 13th—Ophthalmic cases ...	54	22	76
„ 14th—Ordinary cases ...	2	81	83
„ 15th—Ditto, ditto ...	105	2	107
„ 16th—Ophthalmic cases ...	30	13	43
„ 18th—Ordinary cases ...	0	73	73
Total			550

The assistant-surgeons are usually present from two to three hours. They have a special staff of dressers, and the house-surgeon on minor duty prescribes for patients who have been seen before. A special mark is put against cases which the assistant-surgeon wishes to treat himself on all occasions. Not more than ten, or at most fifteen, cases are seen per hour. From four to six minutes are thus given to every patient. The house-surgeon can see the more trivial cases much faster. Between the two, it thus takes from two to three hours to see from 120 to 160 patients.

The medical cases are seen by Dr. Clapton, who has no assistance whatever. He attends four days per week, from 12.45 to 2.30 or 3 P.M. On Tuesdays there is a clinical demonstration at 2.30, and any cases which remain unseen are attended by Mr. Whitfield or his assistant. The new cases average twenty-five per visit, and the old ones about three times that number. Ten or a dozen patients enter at a time, and sit on a form, where they can watch the examinations going on. Any observations made for the benefit of the students thus become public property. This is an objectionable arrangement, which might be at once obviated by admitting one patient at a time. Although Dr. Clapton is of opinion that justice is fairly done to the patients, he acknowledges the occasional necessity of seeing the patients with great rapidity—the more so as students are not permitted to write prescriptions or render any material assistance. He also acknowledges that four attendances per week constitute a very heavy tax upon his time; and it must be remarked that there is no one but the house apo-

thecary to take his place when he is absent on holiday or any other emergency. Dr. Clapton is no doubt in a somewhat delicate position, and there are many reasons why he should be the last to complain. We are compelled to do this for him. He is greatly overworked, and the tax upon his time and attention must prevent due justice being done either to himself or his patients. There can be no excuse for putting the whole out-patient duty on one physician. The governors would have a crowd of candidates for so honourable a position; and it is manifestly unfair to the patients and the profession that two such appointments should have been kept vacant for so many years.

Until fifteen years ago, the lecturers on Midwifery at St. Thomas's School held no position in the hospital staff, although several, including Drs. Cave and Rigby, attended many out-patients. Dr. Waller was the first physician-accoucheur who was regularly appointed by the governors, and the department is now in charge of Drs. Barnes and Gervis, the former attending on Friday and the latter on Wednesday. There is a resident accoucheur, who is appointed, on the recommendation of the staff, for three months, and is eligible for re-election once. Besides attending the in-patients, he takes general charge of the lying-in department, and of vaccination. He has an obstetric clerk, who is selected from the students by the obstetric physicians. A dresser cannot hold this office until three weeks after the expiration of his dressership. This is an excellent provision, and we think there should be a similar regulation as to dissection and the making of post-mortems. The obstetric clerk holds office for two weeks; he must reside close to the hospital, and he is bound by the same rules as other students attending obstetric cases. Students who have attended eighty cases satisfactorily receive a special certificate. The student must visit the cases assigned to him within one week, and sign a book stating that he accepts the charge. He is to report daily on any case in which there is complication or danger. Students are not permitted to use instruments, or to administer ergot or chloroform. A report of the case must be sent in within a week after its termination. Every patient must be visited daily for the first week. The student may order an anodyne saline mixture, a simple febrifuge, a compound rhubarb pill, castor oil, and a simple cathartic mixture, but no other remedies without consultation, which, however, is open to him at any moment. Beef-tea and wine may be obtained from the hospital in urgent cases. It will be observed that some valuable rules are here enforced, which are not to be found at Guy's Hospital, whilst there are more at Guy's which are not found here. The object of these Reports will have been fulfilled if they should lead to the improvement of rules of this sort, and their adoption at hospitals where none are at present instituted.

We cannot conclude this Report without observing that the character of the patients has greatly changed since the removal of the hospital. At the old site the majority differed little in appearance and condition of life from paupers. They belonged to the lowest labouring classes. But in Newington the patients, particularly those with governors' letters, are of a more respectable class. It is not uncommon to find them dressed in silk, and many are reported to lounge about the hospital grounds as if that were their chief employment. Dr. Clapton is of opinion that the free system of dispensing medicine has given rise to a genuine monomania—or, as he calls it, Pharmacomania. He has detected patients who were attending at more than one hospital, and he believes they consumed the medicine from both at the same time.

The great defect in this hospital is the deficiency of the assistant staff. There is full work for three assistant-surgeons, and the same number of physicians, besides two house surgeons and physicians, one of each to do duty in the casualty departments, and the others in the wards. The house-apothecary, whose position is unsatisfactory and very ill defined, ought to be made superintendent, as recommended by the staff in 1864; and, in addition to the powers proposed to be given him, he should be permitted to suspend any of the subordinate officers for improper conduct. These persons are now appointed by the treasurer, and are removable alone by him. As he attends but rarely, there is no one in reality who can exercise immediate control.

Without expressing any opinion whatever on the general administration of the funds of St. Thomas's Hospital, or questioning the propriety of the enormous expenditure on the new hospital at Stangate (the annual rental of every bed cannot be estimated at less than £50 a year), we think enough has been shown to justify a demand that any inquiry which may be instituted by the Government into the management of these Royal hospitals should include St. Thomas's. We say this without desiring to reflect either upon the committee or the staff. On principle such inquiries ought to be made from time to time, because they are calculated to instruct the members of the governing bodies, and to keep the administration up to the proper mark in every point of view.

THE CONJOINT EXAMINING BOARD FOR ENGLAND.

THE following important resolutions have been passed by the Syndicate of the University of Cambridge:—

"1. The Syndicate have considered the proposal contained in a Report of the Committee of the General Medical Council in 1869, for establishing a Conjoint Examining Board for each division of the Kingdom, and they resolve that such proposal is deserving of the most favourable consideration, and that in case any scheme is brought forward for establishing such Boards on a satisfactory footing, or for providing in any other satisfactory manner for a uniform system of examination throughout the United Kingdom, which every person who desires a licence should be required to pass, and which should be independent of the several examinations which the Universities or other licensing bodies may think fit to continue for honorary distinctions and degrees, the Syndicate is prepared to recommend the Senate of the University to acquiesce in such scheme, and to co-operate with the Medical Council in carrying it into effect.

"2. That a copy of the above resolution be sent by the Vice-Chancellor to the Medical Council.

"(Signed) E. ATKINSON,
"Vice-Chancellor."

The University of Oxford has passed a resolution similar in purport. As the University of London is believed to take much the same view as the University of Cambridge, and as the Colleges of Physicians and Surgeons have already passed resolutions agreeing to the principle of a conjoint Board for England, there ought to be no difficulty in coming to a satisfactory settlement of this question as far as England is concerned. The arrangement will be rather more difficult in the case of Scotland, but still there is reason to hope that mutual concessions may result in the adoption of a satisfactory plan. If Trinity College and the Queen's University in Ireland will follow the wise and liberal course of Cambridge and Oxford, the Conjoint Board for Ireland could be formed as easily as in England.

THE CHRISTIAN MEDICAL ASSOCIATION.—A numerously attended meeting of this Association was held on Friday, Nov. 26th, in Freemasons' Hall. The chair was taken by Dr. C. J. B. Williams, F.R.S. The Rev. Dr. Barry, Principal of King's College, Rev. J. W. Reeve, Dr. Miller, F.R.S., Dr. Stewart, and others, addressed the meeting. The Committee are striving to induce medical students to form meetings for the study of God's Word in their respective hospitals. They will hold two or three general meetings of the Association in the year for mutual exhortation and conference among the members of the hospital meetings. They hope shortly to see a medical mission established in London, from which, after the training which such institutions give, medical men may go forth as missionaries to various parts of the world. The Committee were much encouraged by the attendance of students on Friday evening, and the interest they manifested in the work.

THE LANCET.

LONDON: SATURDAY, DECEMBER 4, 1869.

THE consideration of the form which local organisation for sanitary purposes should take, follows naturally upon what we have said in a former article in reference to the constitution of the central authority; such an establishment as we have advocated for the latter would be an anomaly without the command of an effective machinery working on a definite and uniform principle as well in remote districts of the country as in the great centres of population.

In the Report from which we have previously quoted in connexion with this subject, Mr. SIMON tells us that the laws which have from time to time been placed on the statute roll in relation to sanitary matters affirm most, if not all, of the essential principles involved in the protection of the public health. But the intentions of the Legislature have been frustrated mainly because, in addition to the fault of the provisions in which they are embodied being permissive instead of obligatory, those provisions have too often been characterised by obscurity of language, and by an absence of coherency in relation to antecedent enactments. The truth is, as Mr. SIMON states, that the impulses to legislation have come from so many different quarters, each of them representing perhaps only one object to be attained without reference to other objects of a similar nature not for the moment pressing, that our sanitary laws for the most part bear the impress only of the special emergency which called them severally into existence. The consolidation of the law, then, we assume to be essential in any matured scheme of sanitary reform. The provoking distinction at present existing, "with very disputable demarcation line," between *nuisance authorities* and *sewer authorities*, must, we take it, be abolished *in toto*, and one responsible local authority in every health-area created, in whom shall be vested all powers for sanitary or other local improvements. We must have done with those perpetually recurring squabbles between vestries, local boards, and boards of guardians, or else it will be useless to adopt the plan we have suggested for bringing about the unification of the central sanitary authority.

The ground being cleared for dealing with perhaps the toughest part of the problem of sanitary organisation——namely, the mapping out of the country into convenient areas for health jurisdiction, and the constitution of their health authorities,—we proceed to give an outline of what appears to us calculated to provide an efficient local organisation in those respects. Mr. SIMON has discussed this matter at some length in his Report. He has not, however, so much elaborated a complete plan of local organisation as laid down the general principles by which it should be regulated; and therefore, while we fully adopt those principles as a basis to start from, we think it only fair to Mr. SIMON to say that in developing them we have not confined ourselves within the limits of his suggestions, but have sought rather to state our own view as to what should be aimed at in order to secure the smooth and efficient working of a sanitary code.

In the first place, the question arises whether the authority in matters of health should be identified with what Mr. SIMON calls the destitution authority; in other words, whether our new sanitary organisation should be assimilated to our existing Poor-law organisation, or kept distinct from it. It has to be borne in mind that our birth and death registration system is inextricably bound up with the Poor-law system; the officers of the former and the areas assigned to them are almost entirely identical with those of the latter. The clerk to the guardians is, by virtue of his office, the superintendent registrar of births and deaths, having jurisdiction over a district which is always coterminous with a union, and whose subordinate registering officers for the sub-districts into which the union is divided are to a great extent the relieving officers of those sub-districts. Another, and by no means unimportant consideration, is that the Poor-law machinery exists ready to hand, and that its operation embraces every nook and corner of the land. But if it is to be conceded that an indefinite number of cities and towns which, under either the Public Health and Local Government Acts or any Local Acts, already possess health authorities in the shape of town councils, improvement commissioners, and local boards, are to be exempted from the operation of the principle of assimilation we have alluded to, we cannot help thinking that a great opportunity for simplifying our sanitary code will be missed. Mr. SIMON assumes that this exemption will be made, though he is careful to express his opinion that "it would generally be of benefit to municipal administration if one single board, with sufficient power of acting by committee, were elected for all purposes of local government, including the relief of destitution." That is decidedly our opinion also, and we hope to see it acted upon in the recasting of our sanitary system. It is clear to us that in any sufficiently useful scheme of sanitary reform provision must be made for treating all towns and cities as individual health-areas apart from the rural districts which surround them. But to do this some rearrangement of Poor-law boundaries will be necessary. To take two or three illustrations: the strictly town parts of Bristol and Clifton should be made into one district or union for Poor-law, registration, and sanitary purposes; the same with Newcastle and Gateshead, Manchester and Salford, Liverpool and Birkenhead, and so on. At present each of these compound cities or towns consists of parts of two, three, or more unions; and unless that were altered, the principle of assimilating the health authority to the destitution authority in such places could not be carried out. Take the city of Oxford for another example; that lies partly within the Oxford and partly within the Headington unions, a large area of rural district making up the remaining extent of those unions. Nothing can be plainer than that Oxford city should be a district or union of itself, while the outlying rural districts should be grouped into convenient

areas for local administration. We want to see, in short, a complete *town* and *country* classification carried out for all local administrative purposes whatsoever; and if that were done, there would be nothing to hinder the universal adoption of the principle which has Mr. SIMON'S approval—namely, that the destitution authority should be the health authority also. Of course in that case the President of the Poor-law Board would be a member of the Council of Health. It may be said that all this would involve a great number of changes in existing boundaries, some of which might possibly occasion some amount of temporary inconvenience. No doubt of that, but we are showing what a complete scheme of sanitary reorganisation implies, and it would take a great deal of argument to convince us that, if the thing is worth doing at all, it is not worth doing well. "I think it essential," says Mr. SIMON, "that the division of the country for purposes of census and registration of births and deaths should, as far as practicable, treat as separate districts or sub-districts all areas which are separately identified for purposes of health administration." Just so; and as the registration division of the country is by the Registration Act made to follow the Poor-law boundaries, while the Poor-law Board seems to have almost unlimited power to alter the boundaries of unions at any time, it seems clear that the most satisfactory way to obtain what Mr. SIMON regards as "essential," and what we have been advocating also, would be the appointment of a Commission to determine for the whole country a boundary for local administrative purposes which will best satisfy the combined requirements of the Poor-law, the Registration, and the Health departments.

ANATOMICAL and physiological investigations are on the increase in Germany. Formerly REIL'S or MÜLLER'S Archiv were sufficient for the yearly produce of the workers in these departments; but soon the necessarily limited space of these journals led to the establishment of others, like those of SIEBOLD and KÖLLIKER, and VIRCHOW, which for a time formed the requisite channels of communication. Still more recently the important journals of BROWN-SÉQUARD, of ROBIN, and of PFLÜGER on Physiology have been started, which are regularly issued, and contain valuable papers by both French and German workers. Special departments, again, have very recently started their own journals, like those of Microscopy by MAX SCHULTZE, Anthropology by ECKER, and Ethnology by BASTIAN. Yet the cry is still they come; for during the last year or two the several university cities of the continent, in which large physiological and chemical laboratories have been established, have commenced to publish, not regularly, but at tolerably frequent intervals, an account of the work they are or have been doing. Such, for instance, are the "Jenaische Zeitschrift," the "Studien" of the Physiological Institute at Amsterdam, and, lastly, one which has now just come into our hands, the "Arbeiten" of the Physiological Institute at Kiel. These laboratories have numerous energetic and enterprising students attending them, the studies of whom are directed by a superior of repute, who is himself again often assisted in his own labours by the more advanced and intelligent pupils. It is hardly requisite to observe how valuable this assistance and counter-assistance is to both master and pupil; and we can only regret that some such system is not in operation in England.

The work before us contains a paper by Prof. HENSEN, the principal and editor; Experimental Studies on the Physiology of the Organ of Hearing, by Dr. SCHMIDIKAM Researches on the time occupied in Muscular Contraction, by Dr. KLÜNDER; a paper on the Influence of Pregnancy on Growth &c., by Dr. EDLEFSEN, and other minor articles. We shall here epitomise Dr. HENSEN'S observations. He has made careful microscopic investigations of the muscles in various mammals, crustacea, and insects, and advances the following theory of the structure of striated muscle. Leaving out of consideration the sarcolemma, the nuclei, and the investing mass of protoplasm around the nuclei, muscle, he believes, is composed of four distinct substances, so intimately united or blended with one another as to constitute a soft solid mass. Three of these are arranged in a laminated manner, and form columelli; the fourth separates the columelli from one another. The columelli do not, in Dr. HENSEN'S view, appear to be precisely identified with fibrillæ, since he considers the fibrils of ordinary microscopical description as being capable of further cleavage in a longitudinal direction to an indefinite extent. He admits the correctness of the usual statement, that when a fibril is examined it presents dark striæ and an intervening substance; but he maintains that this last is traversed by a fine line, which he thinks is a discovery, though it was long ago observed and described in this country by CARPENTER and others; and he also divides the dark striæ themselves into two halves, between which is interposed a dull, finely granular disc, which he calls the median disc. Thus the fibril would be composed of the following laminæ: first, one-half of a dark stria; secondly, the median disc; thirdly, the other half of the dark stria; fourthly, the intermediate substance, which is itself divided by a dark line. We cannot say we have ourselves been able to recognise the median disc, but we have not had the opportunity of employing a one-tenth solution of perosmic acid, which he strongly recommends, as effecting contraction of the muscle without impairing its translucency.

WE are glad that the results of unqualified practice are coming into notice, even if it be in the Coroner's Court. We are especially glad of this when the unqualified practice assumes all the appearance, and shelters itself under the wing, of licensed practice. He is a bold druggist who prescribes for serious disease, but he is an uncandid one who not only does this, but manages to have a doctor's name and title paraded on his shop-front, so that the poor, who are attracted by the title, think that in consulting "Mr. SMITH," they are having the opinion of "Dr. RUMBOLL." Such was the case of AUGUSTA CLAY'S mother, who took her child to "Mr. SMITH," thinking he was a doctor. When the child got worse, the chemist told her to take the patient to "Dr. RUMBOLL," whom she thought she had been consulting all the time. Dr. RUMBOLL, on application, gave

the child medicines for ninepence, but refused to see it without receiving eighteenpence more. The mother, being unable to pay this, then applied to the parish doctor, who said, at the inquest, that if the child had been properly treated by a medical man at first, it might have recovered. The Coroner said this was the third case in which "Mr. SMITH and Dr. RUMBOLL" had been engaged. "The evidence proved that when a child was in the jaws of death, Mr. SMITH sent it to Dr. RUMBOLL, who was in the habit of granting a certificate." "Dr. RUMBOLL" should be ashamed of such a connexion with a chemist, or any person unqualified to practise. We will go further, and say that for a medical practitioner to give the sanction of his name and title to a chemist, and to fill up the death-certificates of cases that might have been saved if they had come under proper treatment early (as in this case), seems to us a most culpable use of a medical qualification. We should like to see this use of his titles by a medical man made criminal in any amendment of the Medical Act, and expose him to having his name deregistered. Another inquest was held by Mr. HUMPHREYS on the body of an infant whose mother had taken it to a chemist, whose assistant prescribed for the child, and gave it physic, for which he charged a shilling a bottle. When the child died he demanded two shillings for a certificate of the cause of death; and at the inquest he admitted that he might have said he was a doctor in a "flurry." He denied having asked two shillings for the certificate. He admitted that he had no right to give a certificate, though he often did so.

It is high time that the law made a little clearer the criminality of chemists who discharge medical duties under false pretences and without medical qualifications; and the criminality of medical men who give the use of their names to chemists and other unqualified persons, and forget their dignity far enough to sign certificates of death in cases that have been treated by such persons. In the interest of the poor such a connexion between chemists and practitioners should be prohibited. The poor have little to spend on advice; and the little they get should either be good or, at least, should not pretend to be what it is not. We fear there is another lesson in such cases as the above—viz., that the very poor cannot pay for advice and medicines. But that is no reason why they should be deceived.

THAT dirt is good matter in the wrong place is an aphorism to which modern science gives accelerated currency. The notion that in its animal form it was quite useless for any purpose came to be strengthened by the medical induction, that if allowed to lie it was positively dangerous; and, under the combined operation of disgust and fear, the torpor of Town Councils and Vestries was replaced by an energy which rarely halted until it was drained off into the nearest river or into the depths of the ocean. At great expense, the human and other refuse of crowded neighbourhoods was thus disposed of; until, in the country districts especially, its ultimate receptacles became so surcharged with it as, in turn, to engender the diseases they were supposed to avert. Running streams relapsed into sluggish and unfragrant canals; "coote and herne" vanished with "lusty trout and grayling" from their waters; and, in some regions, "to have seen a river" threatened to become as great a rarity to the rural eye as to "have seen the sea."

The sanitary reformer (an animal of the more recent formations) sounded an alarm, which was echoed by the scientific farmer; and considerations of public health vied with those of agricultural economics in arresting this mischievous waste. While the death-rates of communities were not lessened, the soil itself had to be treated like an invalid, and restoratives for its worn-out productiveness were procured from beyond the equator. The removal and utilisation of sewage became one of the questions of the day; the medical interest protesting against its accumulation in stagnant rivers and cesspools; the agricultural interest clamouring for its application to its legitimate uses. Municipal obstacles, however, have not been wanting to perpetuate the *status quo*—the consideration of renewed expense being the most insurmountable. What mattered it to the world of vestrydom to "restore the balance of nature," so long as the first step towards such a consummation diminished the "balance at its banker's"? But while scientific symmetry went for nothing, the municipal mind was again frightened into legislative activity by the fear of epidemics.

The successive reports of the Medical Officer of the Privy Council have concurred with the conclusions of foreign observers to bring the propagation of disease into more direct causal relation with the influences of misapplied sewage and quite recently an animated controversy, based on the evidence of these reports, has shaken public confidence in the efficacy of our "sanitary works." Without committing ourselves to Mr. BAILEY DENTON'S arguments and inferences, we believe that his dissatisfaction with the present system of sewerage and drainage is widely shared, not only by sanitary engineers, but by the profession; while in the eyes of the British Association the whole subject has seemed to stand in such need of fresh elucidation that at the meeting at Norwich it appointed a Committee to reopen and re-examine it in all its bearings. That Committee, composed as it is of chemists and engineers of approved skill and experience, began its labours by collecting information as to "the methods of dealing with town refuse practised in most civilised countries"; and, now that this preliminary step is complete, it is about to enter more fully and practically into the subject. For this purpose, funds, to a far greater extent than such a purely scientific body as the British Association can furnish, are required—contemplating as the Committee does a full investigation of the treatment and utilisation of sewage in all its bearings, "whether chemical, physiological, or engineering—sanitary, municipal, or agricultural." Indeed, we have but to bestow a cursory thought on the "numerous observations, gaugings, and experiments, aided by simultaneous analyses," which the investigation will necessitate, to admit at once the reasonableness of the Committee's appeal for aid; while the public will have the consolation of knowing that the more liberally they provide the requisite apparatus, and ensure the still more requisite leisure for the able chemists and engineers who are engaged in investigating the subject, the more speedily will a satisfactory conclusion be arrived at, and the present hap-hazard

legislation replaced by enactments at once scientific and final. The mode in which the Committee propose to raise the requisite funds is to address a circular to all the "sewer authorities" throughout the kingdom, calling their attention to the bearings and scope of the investigation, and soliciting subscriptions from towns in proportion to the number of their inhabitants. Thus a population not exceeding 10,000 will be expected to contribute to the common fund £5 5s., and so on up to a population exceeding 100,000, which will subscribe £100. They will thus facilitate the knowledge of the best means, whether for sanitary or economic purposes, of disposing of their sewage, and will ultimately save themselves an amount of expense which the present confused notions on the subject cannot fail to cause and keep up. Indeed, until some such knowledge as that which the Committee propose to collect is generally available, much of the activity of such a body as the "Royal Sanitary Commission" must, to say the least, be ineffective,—"sanitary works" being little better than useless until that "controversy" which the Sanitary Commission deprecates is set at rest by full and final investigation. We trust the voice of the profession will be heard in furtherance of a programme which, in a medical point of view, is at once attractive, reasonable, and imperative.

Medic Annotations.

"Ne quid nimis."

THE ARCHBISHOP OF CANTERBURY.

THE illness of the Archbishop of Canterbury must command universal sympathy, and our readers are amongst those who will hear with the most sorrow of the affliction which has fallen upon one whose exercise of the offices he has held has been marked by a very unusual amount of practical earnestness of purpose, as well as by a liberality of sentiment which has done very much to forward the true interests of religion. The medical profession, too, will remember with peculiar respect, for they are the best capable of appreciating it, the courage and unsparing self-devotion displayed by Dr. Tait when, as Bishop of London, he worked in the East of London during the severe cholera epidemic of 1866. It is, therefore, with no common feeling of anxiety that a desire has been shown for intelligence respecting the nature of the Archbishop's illness. It will be some satisfaction to our readers that we are able to present them this week with an authorised account of this distressing attack, a duty all the more grateful that his Grace's present condition of amendment suggests hopes which the nature and gravity of the case did not at first warrant.

On Thursday, November 18th, the Archbishop, on rising in the morning, had a convulsive seizure, which was repeated at intervals of half an hour for several hours. This group of attacks was marked by loss of consciousness, and resulted in paralysis of the left arm. During the ensuing night the attack recurred, but this time without loss of consciousness, and it was followed by a partial paralysis of the left leg. During the afternoon of Tuesday, the 23rd, there was present, for several hours, a condition of heaviness and depression, which was unattended by loss of consciousness or convulsion, but during which there was impaired action of the facial muscles, and a marked increase of the paralysis of the left leg. The pulse also during this last partially developed seizure presented marked fluctuations. On Thursday, the 25th, the Archbishop had so far improved that there had been no return of seizure of any kind, and the paralysis of the left leg had, to a great extent, disappeared. The attacks therefore presented themselves in three distinct phases—a first attack accompanied by unconsciousness, convulsion, and complete paralysis of the left arm; a second attack without unconsciousness, but with convulsions, which resulted in partial paralysis of the left leg; and a third, in which there was neither convulsion nor loss of consciousness, but during which the partial paralysis of the left leg became more pronounced.

The process and the order of recovery from each of these attacks have been as marked as their physiological phenomena. Thus, whilst the incomplete paralysis which attended the latest seizure has been rapidly recovered from, that which accompanied the second attack is subsiding more gradually, and the paralysis which marked the first attack remains.

As to the treatment employed, it has been assumed throughout that the Archbishop's symptoms were adynamic and such as to require measures of support. A still further extension of these measures, suggested by the condition noticed on the 23rd November, has, undoubtedly, had an important bearing on the progress of the case.

Mr. Seymour Haden had seen the Archbishop two days before his attack. His Grace then complained of singing in the ears, with slight headache, and his pulse was a little above its normal standard; but he was in other respects remarkably well. Mr. Haden attributed the symptoms to a week of unusual exertion which his Grace had passed in his diocese, prescribed alterative treatment, and advised complete repose. It was under these circumstances that the Archbishop proceeded to his country house at Broadstairs. Messrs. Walter and Raven have been in constant attendance; whilst Mr. Haden has been frequently summoned to see his Grace, and the services of Dr. Gull have been twice obtained.

INSPECTION OF OUT-DOOR MEDICAL RELIEF.

IT is scarcely possible to doubt that the present unsatisfactory state of medical relief to the poor in their homes would not at once disappear under a system of fair inspection by an independent agent of the Poor-law Board. Every now and then the irregularities of the present system crop up, either from the verdict of juries or the complaints of paupers. At Bermondsey there has recently been a case in point. A pauper named Stone complained that she got an order for the medical officer to attend her child about two years old on Monday, and that the child was not seen until Wednesday, when an unqualified assistant was sent, who pronounced the child to be in a dying state. Mr. Richmond, the medical officer, appears to have admitted the facts, and that his assistant was not qualified. But he maintained that of late many orders had been given where medical aid was not required; that the child should have been brought to him, and that it would have done it good to have been brought out of the dirty hole in which it lived.

Several points of practical importance present themselves in this case. First, there is strong suspicion that orders are given away with the usual want of discrimination, and without sufficient previous inquiry. Secondly, there is no distinction made, as there should be, between orders entitling to advice and orders entitling to a visit. Thirdly, it is no one's duty to inquire whether the assistants are qualified or not. Fourthly, there is no documentary evidence showing who visited the case, and when. Fifthly, there is no one to whom either party can appeal for justice except the board of guardians, the members of which can scarcely be relied

upon for an impartial judgment. Lastly, it is probable that the whole carelessness of administration is due to the fact that the medical officers are not sufficiently paid for the services they ought to render, especially when out of their salaries they have to find the drugs.

When will the Poor-law Board institute an inspection of out-door relief? No department of the Poor-law system is more abused, none worse regulated, none certainly demands investigation and supervision with so much urgency, especially at the moment when we are suffering from a frightful epidemic of scarlet fever, and are threatened with famine fever also. The Poor-law Board will have assumed a grave responsibility in further delaying the appointment of an Inspector, with the object of introducing the dispensaries at once.

THE FARCE AT ST. BARTHOLOMEW'S.

THE leading organs of the general press continue to exhibit, both in editorial matter and by the insertion of letters, the lame and unsatisfactory character of the defence that Mr. Foster White has attempted to set up. The *Saturday Review* has dealt with the question in one of its most telling articles, in which the reader will hardly know whether most to admire the sagacity with which the important points are discerned, or the literary force and skill with which they are placed before the public. The *Daily News* of last Saturday devoted nearly two columns to a careful examination of the charges and the reply; and showed, by the inexorable logic of facts, that the meeting of governors had done nothing to clear up the questions at issue, or to promote reform. The same paper, on Monday, quotes a passage, which might almost be called prophetic, from a speech delivered by Mr. Gladstone, whilst Chancellor of the Exchequer, in withdrawing his scheme for the taxation of charities, May 4th, 1863. The right hon. gentleman on that occasion said:—

"One of the great evils of the present system is, that while you bestow public money on these establishments, you dispense with all public control over them, and thus annul all effective motives for economy. Endowed institutions laugh at public opinion. The press knows nothing of their expenditure; Parliament knows nothing of it. It is too much to say that hospitals are managed by angels and archangels, and do not, like the rest of humanity, stand in need of supervision, criticism, and rebuke. Therefore, even in the case of St. Bartholomew's, I object to an exception which, by its very nature, at once removes the principal motive for economical management. When the managers tell me that the exaction of £820 will compel them to dismiss 500 patients, I am entitled to ask, Why then do you spend £220 in a feast? What right have you in an hour to eat up 150 beds?"

It is much to be regretted that Mr. Gladstone, who is himself a governor of the hospital, did not repeat his inquiry in terms to compel attention to it.

"HOSPITAL SUNDAY."

WE very earnestly hope that the suggestion we lately made that the institution of an "Hospital Sunday" on a national scale should be attempted, will not prove to have been sown on stony ground like some of the seed in the parable, but rather that it may have fallen where it will fructify and bring forth fruit a hundredfold. We start from the fact that in one provincial town, Birmingham, it has been found practicable to bring about the co-operation of the clergy of all denominations in setting apart one Sunday in each of the past eleven years for collections in all the churches and chapels of the town on behalf of its medical charities. The average annual amount so collected has been close on £4000; and the principle of distribution has been to apportion the proceeds one year to one large hospital, the next year to the other large hospital, and the third year to divide them amongst the smaller medical charities. Now, it appears to us that if this can be done in Birmingham, it is possible also to be accomplished in London, Liverpool, Manchester, everywhere throughout the kingdom. It was, we believe, the custom until within the last few years for the Sovereign, in her capacity of head of the Established Church, to issue an annual letter to be read in every parish church commending the claims of certain religious societies to the support of the congregations. We hardly think it necessary to invoke so powerful an influence as that of the Queen for the institution of an "Hospital Sunday," though there are more improbable things than that her Majesty would willingly lend her sanction to a work so consonant with her well-known sympathy with all measures tending to alleviate distress and suffering amongst her subjects. We prefer first to appeal to the church itself; and to suggest that the archbishops and bishops should take counsel together upon this matter, and use their utmost endeavours in their several dioceses to establish an "Hospital Sunday" as one of the permanent institutions of the kingdom. We are bold to say that if the Church of England will take the lead, it will be followed with alacrity by the dissenting community, who are always ready to prove by their action that, upon the common ground of Christian charity, they are willing to meet their brethren of the Establishment, in friendly and emulous co-operation. The moral effect of a whole nation uniting together for the public recognition of the claims which the sickness and suffering of those who are not able to pay for the medical treatment and care necessary for their restoration to health have upon those whose means are sufficient for their own and others' needs, would be undoubtedly great. And the practical result would be that, in enabling our medical charities to maintain and extend the sphere of their operations by the additional support they would derive from the "Hospital Sunday" collections, numbers of persons would be prevented from becoming permanently chargeable on the poor-rates, and thus the tide of advancing pauperism would have at least one of its sources dried up.

DRAINAGE OF MIDDLE-CLASS HOUSES.

"IT is an ill wind that blows nobody good;" and the poisonous gases in St. Pancras Workhouse have quickened the noses of middle-class householders as to the prevalence of similar, though less active, emanations in their own dwellings. A "Practical Engineer," writing in the *Pall Mall Gazette*, confirms Mr. Bailey Denton's observation in *The Times* as to the leakage of sewers and waste-pipes into the surrounding soil, and the pernicious effluvia that collect under cellars and basement floors. Stoneware-pipe drains have replaced the old square brick ones; but this is only an apparent improvement. These pipes, laid down as they are by contract, "generally by some ignorant navvy or labourer," are rarely water-tight at their joints; so that liquids, and even solids, find their way into the subsoil. Then, again, "waste-pipes from sink-stones are passed just through the scullery flags, and discharge into an open, untrapped junction, out of which the gas from the sewers is constantly spreading itself under the floors; the top of the sink waste-pipe is closed by a bell-trap, the grating of which, with the bell, being loose, servants calmly remove when obstructed, and thus open a free communication between the kitchen and Barking sewage reservoirs." In the cistern, again, which is placed over the bath-room or upstairs' closet, the overflow discharges into the soil-pipe, and thus "day and night two streams of sewer gas are at liberty to enter, one into the basement, the other into the attic." These gases, of course, are most mischievous at night, when

the windows are apt to be closed and the inmates of the apartment asleep. Finally, in the winter months, when fires are burning in every occupied room, and the external air religiously kept out, "a sort of exhausting action" takes place in the house, and the foul gas from the leaky drains beneath the basement "is sucked up and passed through the rooms and the lungs of their inmates to supply the place of the air ascending the chimneys." Every occupier of an £80 semi-detached villa can test these phenomena for himself. We quite agree with the "Practical Engineer" that builders of houses should be compelled to construct them in accordance with sound sanitary principles.

THE LIMITATION OF SCARLET FEVER.

A LETTER which appeared in *The Times* a few days since requires serious notice. It came from a medical man who had read the communication of the metropolitan medical officers of health relative to scarlet fever, and had concluded that it was his duty to report every case of the disease which might occur in his own practice, in order that the house might be at once inspected and purified. Accordingly he did report a severe case in a child; but a week after the date of his report no health officer had made his appearance on the scene. We can only hope that some unavoidable misunderstanding, and not any indolence or indifference, was the cause of this serious failure of duty on the part of the health officer appealed to in this instance. Could we believe that the latter was the reason of his non-attendance, we should not hesitate to say that his neglect amounted to a serious crime; and we should go much further than the correspondent of *The Times* in our denunciation of public officers who, in reference to so very important a part of their duties as the adoption of prompt measures for the limitation of scarlet fever infection, could be content to merely talk and write, instead of doing. We shall only add that, supposing "M.B.," or any other medical man, to have genuine proof of *avoidable* neglect of such duties by a health officer, he would be more than justified in publicly exposing, not merely the general fact, but the name of the culpable person, and that no mere spirit of medical *esprit de corps* ought to prevent him from doing so.

THE INDIAN RETRENCHMENTS.

A *Gazette Extraordinary*, published at Simla on October 4th, contains the despatch from the Government of India to the Secretary of State, and a copy of the resolution on the proposed retrenchments. We are indebted to our contemporary, the *Friend of India*, for our information. The deficit has naturally set all the Indian financiers to work, and the "public works" occupy the first place in the Government retrenchment resolution. After stating the reductions to be effected in the estimates and grants for military works, the Government of India expresses a hope that it may yet be found possible, by certain modifications of the designs and arrangements of the barrack and other military buildings, which have been adopted for general use, to secure in the future increased economy of construction, without sacrificing any substantial advantage. If this expectation be realised, the result will be not only a saving of expense, but even the earlier completion of the work which still has to be executed to place the barrack accommodation of the British force quartered in India on a thoroughly satisfactory basis. The Governor-General in Council intimates, however, that he has no intention of permitting any diminution of the care required for meeting all really important sanitary conditions, or any reduction of the extent of accommodation that experience shows to be necessary for the true comfort and health of the soldier. But in the light of the knowledge that has now been obtained of the new style of construction, both as regards its financial consequences and its sanitary results, his Excellency in Council has little difficulty in adopting the conclusion that some costly superfluities may be rejected in the future, without any loss of comfort to the soldier, and that, by more closely limiting the accommodation to what is really necessary, much economy may be effected, and real convenience in no way sacrificed.

After a great deal of discussion and consideration, as our readers are probably aware, by all the leading military and medical authorities in India and this country, a standard plan of barrack was decided upon, and promulgated by the Secretary of State in 1866. There is no doubt that these standard barracks embody all modern sanitary improvements; but their cost will be enormous. If they are to be erected, architectural embellishment must be made subservient to utility. There is a good deal to be said about the policy of erecting palatial constructions for our troops in India. The question of having additional barrack accommodation in the plains is one which involves so many and such grave considerations, that we shall recur to it on an early occasion.

ON THE INFLUENCE OF ALCOHOL ON THE ACTIVITY OF THE HEART.

AN inaugural dissertation has been published by M. Zimmerberg, in which the influence of alcohol on the heart has been made the subject of particular inquiry, and in the course of which the following points of interest were elicited. First, in cases where alcohol was subcutaneously injected, a diminution of frequency only occurred in frogs; secondly, when taken into the stomach in moderate doses (sp. containing 30 per cent. of alcohol), in cats, dogs, and man, but little increase in the frequency of the respiratory and cardiac movements was observed. An increase was observed in rabbits, but this was also noticed when water alone was injected into the stomach, showing it did not depend on the former. When the cats were tied down to prevent movement, and pure alcohol was injected into the veins, a remarkable diminution of the frequency of the cardiac contractions occurred, a diminution still more marked when the pneumogastric nerves were divided. Experiments made with a view of ascertaining the temperature showed that, in dogs at least, no increase of temperature occurred, which stands in curious contrast to the subjective sensations caused by the injection of alcohol so far as man is concerned.

The pressure of the blood in the arteries constantly falls in cats poisoned with alcohol; quickly when the fluid has been injected into the veins, slowly when it has been absorbed from the intestinal canal. In the former case, in proportion as the alcohol became diluted by admixture with the blood, the pressure rose again, but never regained its original amount. In both cases the frequency of the cardiac beats continuously and steadily diminished. The cause of the diminution of pressure is attributed by M. Zimmerberg to excitation of the centric extremities of the pneumogastrics; for if these nerves, as soon as the alcohol had lowered the pressure of the blood, were divided, the arterial pressure immediately rose above its normal amount. At the same time, the action of the alcohol upon the musculomotor apparatus of the heart is not to be altogether lost sight of, since, even after section of the pneumogastrics, injection of alcohol into the veins will cause—apparently by its direct action on the cardiac walls—a depression of the blood-pressure, which is not the case when an indifferent fluid is injected. The depressing influence exerted by alcohol on the activity of the heart is one of the causes of its well-known power of diminishing the metamorphosis of

tissue. Lastly, an experiment was made to ascertain whether alcohol exerted any anti-febrile action in a dog into whose veins some pus had been injected; and it was found that, whilst the temperature really fell after 125 cubic centimetres of 40 per cent. alcohol had been injected into the stomach, yet the animal died on the same day, rendering the result of the experiment rather unsatisfactory.

THE PROGRESS OF CHOLERA IN AFRICA.

As our readers are aware, cholera in an epidemic form lately prevailed at the French settlement of St. Louis, and afterwards at the Gambia, where it caused terrible mortality. After the epidemic had apparently ceased, the disease was said to have reappeared at these stations, although not to any great extent. The following information with reference to the cholera upon the Rio Grande has since been received. By a letter from the Commandant of the island of Bulama, dated 23rd August, the disease was reported within a short distance of the island. It commenced at a small village called Neansoa, two tides distant from Bissoa, having made its appearance there after the arrival of some Mandingo traders from the interior, the epidemic gradually moving towards the Rio Grande. The authorities at Bissoa had closed the gates of the town to prevent communication with the neighbouring villages. On the 10th September, cholera was reported as having broken out at Bissoa on the 7th September, and boats from thence were prevented from landing at Bulama. On the 27th September the disease was reported as having appeared at the last-named island on the 18th, when two deaths occurred, and one on the day following, and another on the 26th. Epidemic diarrhœa was very prevalent among the native population. Cholera had also visited Thomas's Point, nearly opposite Reuter's Port, on the 16th. From that date to the 25th twenty-eight deaths had occurred. On Point Talanca, on the opposite mainland, nine deaths took place. The epidemic was very severe when it first reached Bissoa. It had gradually abated last week, the deaths averaging five per diem.

By these advices, the disease appears to have reached within 200 miles north of Sierra Leone. Bulama lies at the embouchure of the rivers Jeba and Rio Grande. It has probably by this date reached much nearer the colony.

IMPORTANT TO ALL.

A SAD accident that has lately happened at Windlesham serves to illustrate how much ignorance prevails with regard to the danger of descending into wells, and with regard also to the means by which that danger may be discovered and obviated. It seems that a poor man who was engaged in sinking a well, went to his work in the morning, was lowered down by his wife and another labourer, and, on reaching a certain depth became unconscious, and fell into the water below. A Mr. Charles Mason, a nurseryman, heard the screams of the wife, and instantly descended in the hope of being able to rescue the labourer, but in reality, of course, only to share his fate. A second Mr. Mason, a brother of the first, then descended, but first had a rope made fast to him. He also became unconscious, but was hauled up by the rope, and recovered. The earlier victims were raised after a time; but in both of them life was extinct.

Now it cannot be too widely known that such calamities as these, which cannot be called accidents, are caused by the presence of carbonic acid gas, the choke damp of the miner, which has passed into the well from some rift in the strata cut through, and which sinks by reason of its weight. No one should ever descend into a well without first lowering a lighted candle. On reaching the carbonic acid gas the candle goes out; and, where this happens, human life will also be extinguished. No descent must be attempted until the gas has been pumped up; which is usually done by pushing down a bundle of straw, or a bag stuffed with straw, and hauling it up again, until the air is changed, and the candle will burn. The necessity for this precaution is so generally understood by well-sinkers, that it is difficult to conjecture how it came to be neglected in the present instance. It is still more remarkable that Mr. Charles Mason should not have known that where a man had just fallen he could not himself exist; and that he was going to certain death, without the slightest prospect of being able to render any assistance. The hauling up again of his brother probably served in some degree to change the air, and to facilitate the subsequent proceedings. It is pitiable, in these days of general knowledge, to read of the lives of brave and worthy men being uselessly sacrificed for want of information that should be within the reach of every national school boy.

MEDICAL WOMEN.

WE learn from the *Philadelphia Press* that a tempest in a teapot has arisen in that city with regard to the admission of female students to the clinical teaching of the Pennsylvania Hospital. The male students seem to have, in some way, insulted the ladies, but the exact history of their proceedings is contained in a number of the paper that has not yet reached us. The ladies, upon the other hand, seem to be fully bent upon maintaining their rights; and, according to the *Press*, they carry with them the sympathies of the community, and, indeed, of everybody except the offending "male" students, and a few "male" teachers, who believe that the effectiveness of their own lecturing is dependent upon a plentiful seasoning of coarse jokes, unfit for the ears of young ladies, even when they are intended to practise medicine. The circumstance curiously suggests how much America is behind us in the higher forms of civilisation. "Coarse jokes" from a teacher would be thought to be in bad taste at any London school. In another respect, the controversy is amusing. The *Press* talks of "medical women" as an established fact that cannot be gainsaid or ignored. To us, in London, who see only rare examples of the species, this is very droll. It is, at all events, a comfort to know how to describe them correctly. *Punch*, long ago, suggested "Doctrix," and Mr. Kingsley has recently avowed his admiration for "Doctress." But America possesses almost a monopoly of word coinage; and our future Miss Garretts must be content to be "medical women."

THE ADDITIONS TO THE LONDON FEVER HOSPITAL.

THE Board of Management of the London Fever Hospital have displayed a most creditable degree of energy and resource in the provision they have made for dealing with the prevailing epidemic. As soon as it became manifest that their wards would become overcrowded unless proper cases were refused admittance, they sought and obtained the co-operation of the General Metropolitan Asylum Board, and at once proceeded to erect two new wards at the back of the hospital, capable of accommodating sixty patients, with the required attendants, and giving to each patient two thousand cubic feet of air. These wards stand upon a plot of ground on which, on Tuesday, November 16th, cabbages were flourishing; and they will be occupied by patients before this page is in the hands of our readers. The building is well raised from the ground on brick foundations, and is constructed of corrugated iron, lined first with felt, and then with deal boards, accurately fitted and

joined. These boards are stained, sized, and varnished, so that they can be washed all over with carbolic-acid soap. The two wards adjoin one another, and are separated by a partition that does not rise quite to the roof. Each ward measures about 140 ft. by 42 ft., and is 16 ft. high. The bedsteads are of iron, of a singularly light and convenient pattern, and are all fitted with feather beds and pillows, Irish linen sheets, and excellent blankets and coverlets. There is a small table to each bed, and a nightstool to each two beds. There are also small shelves over each bed-head, in a position easy of access by the patients. Each ward contains six stoves, with open fireplaces, arranged in three pairs. The numerous windows are made to open at the top; and there are also ventilators in the roof, and openings through which the chimney-pipes of the stoves are carried. Gas has been introduced, and there are two star-burners in each ward. At the entrances there are inner doors to exclude draught; and nothing that can conduce to the comfort of the sick seems to have been forgotten or neglected. The nurses are provided for in a separate building close at hand; so that they will be removed, during their hours of rest, from the emanations proceeding from the patients. It is a new feature in the history of London hospitals to see such rapidity and completeness of action in the presence of an emergency; and we heartily congratulate all concerned upon the entire success that has crowned their most praiseworthy and honourable work.

VENTILATION OF SHIPS.

THIS subject forms the groundwork of an able article on Naval Hygiene by Dr. John Denis Macdonald, F.R.S., which appeared in the last statistical report of the health of the Navy, and recalls much that has been said and written on this subject during the past six or eight years. It is hardly necessary to remind our readers who have had any experience of professional life afloat, how prematurely old sailors become, both in appearance and in constitutional stamina, and a visit to the decks of the *Dreadnought* hospital ship may easily confirm the fact. Bad rations and an excessively irregular life ashore have, doubtless, much to do with this; but, as Dr. Macdonald correctly points out, impairment of appetite, tending to a state of debility, is one of the earliest effects of defective ventilation on the system of the seaman. He proceeds to show that the method of construction still, as heretofore, adopted with respect to all vessels, tends directly to the formation of various *culs de sac* with a persistent lodgment of fetid air, by all analogy highly conducive to the decay of the timbers and to fungoid growth. "That the openings between the timbers, as pneumatic channels, form the natural 'up-take' to the foul and heated air of the holds and bilges, we have the most decisive evidence in all ships furnished with ornamentally perforated boards or zinc gratings between the beam-ends and shelf-piece." The idea that these gratings carry off rarefied air from decks and cabins is well known to be a mistake, and though they serve simply as "up-takes" for foul vapour, to the annoyance and injury of both officers and men, we are informed in the report that the plan is "perpetuated even in our most recent ships of war." We draw public attention to this subject, for the purpose of showing that in the construction of ships, as of houses, some sound sanitary principles should be adopted, and some authorities associated with the architect competent to confer on a subject of such vital importance. A striking case in point exists, to which we took occasion to refer some time ago, when five large steam transports were constructed by private firms for carrying our troops and their families to and from India, by the overland route. These vessels were in most respects admirably designed by Mr. E. J. Reed, C.B., chief constructor to the Navy, and are furnished with Dr. Edmunds' very useful ventilating apparatus, as well as with conduits opening into the hollow iron masts of the ship. There are also large stern ports, and every facility for the production and maintenance of natural ventilation. But a large square block of cabins is placed aft in the centre of the deck, and though wide passages exist on either side, it is evident that the free current of air fore and aft is very seriously impeded. This is a defect which might have been prevented by intercommunication between architect and hygienist, and the authorities at Whitehall will economise both men and money if some plan such as that above indicated be adopted.

TERMINATION OF NERVES IN THE EPITHELIAL LAYER OF THE SKIN.

DR. PODCOPAEW states, in the last number of MAX SCHÜTZE'S *Archives of Physiology*, that he has been able to trace the nerves into the epithelial layer of the skin of the rabbit and other animals, by means of solutions of chloride of gold. Branched lines come into view lying between the cells of the rete, continuous with easily demonstrable nets lying beneath the rete. From the former, very delicate darkly-tinted lines may be traced, which run up between the epithelial cells, and near the surface again form fine plexuses. The subepithelial plexus of nerves consists of non-medullated fibres, on the sides of which a few nuclei are attached. It thus appears that a distinct nervous plexus exists between the rete mucosum and the proper laminate epithelium.

A STRANGE RIOT.

THE jovial poet who drank "for any other reason why," is recalled to our recollection by the late example of the willingness of Irishmen to fight. The election of a dispensary doctor for Murroe, County of Limerick, was interrupted by a riot between the adherents of the rival candidates, and was resumed and concluded with extraordinary precautions for the preservation of the peace. The village was occupied by a force of 200 police, three companies of the 17th Regiment, and a troop of Hussars, making altogether 500 armed men, under the command of resident magistrates, and of the respective officers. As far as we learn, it was a contest between Papist and Protestant. Will the time ever come at which the fanatics on both sides will reflect that they all profess to be Christians? In this case, the Protestant was the successful candidate; and one Papist who supported him said that had been denounced from the altar for doing so. Some of the rioters have been sent for trial. In the present fermenting state of Ireland, it would surely be wise to deprive the populace of excuses for disorder; and, if they fight over their doctors, it will soon become desirable that all such offices should be filled up by central authority.

ADMISSION OF PAUPER PATIENTS INTO HOSPITALS.

IN answer to the request of the Poor-law Board that the governors of St. George's Hospital should state whether they have any spare accommodation for the reception of pauper patients, and if so, what class or classes of patients it would be convenient for them to receive, the governors reply through their Secretary that they cannot, with a due regard to the intentions with which the hospital was founded and is supported, entertain any such proposition. The treatment of poor patients not already paupers, who are thereby prevented from becoming chargeable to their parishes, was the original object of the charity, and the

governors believe they will require all the accommodation they possess for the reception of patients recommended by the subscribers to the hospital.

The question of the admission of paupers into hospitals is a very important one; and, while we call attention to the answer given by the governors of St. George's to the suggestion of the Poor-law Board on the subject, we shall, next week, make it the subject of a detailed discussion.

THE CONTAGIOUS DISEASES ACT.

THE Act for 1866 for the sanitary supervision of fallen women, which will be immediately put in operation, will cause the Woolwich district to be extended so as to include the parishes of Greenwich and Deptford. The reason for this is the difficulty experienced in working the Act at Woolwich from the free communication of troops between contiguous places. Dr. Stuart, of Woolwich, is the medical officer appointed for the purpose of carrying out the Act in the enlarged area.

The large Lock Hospital recently erected near the Chatham railway station has been completed for the reception of patients under the Contagious Diseases Act from Chatham, Maidstone, Gravesend, and Sheerness. Surgeon-Major Baxter, M.D., F.R.C.S., is the visiting surgeon appointed by the Secretary for War for the district.

ST. PANCRAS INFIRMARY.

THE St. Pancras Infirmary inquiry was brought to a conclusion on Monday last. The jury were called upon to investigate the circumstances surrounding the deaths of four paupers; and in two cases a verdict of "Died from natural causes" was returned. In the others the jury found that the deaths were accelerated by the insanitary condition of the wards in the infirmary, and were traceable to the neglect of the Poor-law Board and the St. Pancras guardians to provide proper sanitary arrangements. The above, it will be seen, is a practical confirmation of the view we enforced last week.

A NOVEL "SHOW."

THE idea of a baby show has been expanded. We read that "a medical gentleman" has suggested that a "show of skilled labourers" should be held at Guildford in 1871; and he thinks that "the finest human material" would be had from the "North." The spectacle would, we presume, save for the absence of the auctioneer, bear much resemblance to the slave sales that were formerly held in the Southern States of America. We have not the smallest idea who the originator of the scheme may be, but we venture to think that he is misdescribed. He is possibly a medical "practitioner;" but we should hesitate to call him either a man or a gentleman.

POSTPONEMENT OF DISPENSARIES AT COLCHESTER.

WE regret to observe that the guardians of the Colchester Union have resolved to postpone the introduction of the dispensary system, the more so as the resolution seems to have been mainly due to the opposition of some of the medical officers themselves. The Chairman of the Board appeared to be thoroughly conversant with the facts in favour of the system, and he urged the example of Ireland and the warning of Bristol with great force. It was evidently with regret that he gave way, and in doing so he expressed the hope that the subject might be again considered in a year or two, when, perhaps, the guardians might see reason to alter their present decision.

INJECTION OF AMMONIA IN PUERPERAL FEVER.

IT is to be hoped that the proposal of Dr. Tyler Smith, broached on Wednesday evening at the Obstetrical Society, to treat puerperal fever by injecting ammonia into the blood, will not be too hastily acted upon. It seems to us extremely objectionable, on the strength of a single case, to make such serious suggestions in an authoritative Society.

NAVAL MEDICAL SERVICE.

WE have reason to believe that considerable changes in the Naval Medical Department are under consideration, and likely to be announced before long. One great object will doubtless be to provide an efficient system of retirement on equitable terms, by which the active lists of staff-surgeons and surgeons will be so reduced as to contain the names only of those fit for active duty, who will be provided with continuous service, and thus avoid the objectionable half-pay, by which so much service-time is now lost.

AT the London Hospital last week, on being called to a case of tetanus subsequent to injury to the inner fingers of the right hand of a male adult, Mr. Maunder at first determined to amputate; but, instead of doing so, he divided the median, ulnar, and radial nerves just above the elbow. We shall look forward with great interest to a full report of the case.

A COMMISSION, consisting of Sir W. Denison, Mr. E. Frankland, and Mr. J. C. Morton, has been appointed to inquire into the pollution by sewage of the Tweed, the Clyde, and other rivers in Scotland.

THE editor of the *Berlin Weekly Medical Journal* (Nov. 28th, 1869) finds great fault with the new Nomenclature of Diseases, and does not think it likely to meet with approval either in Germany, England, or other countries. He, on the other hand, believes that an international nomenclature would be a great boon to the profession.

THE law that requires soldiers to be confined to barracks during the election of a Member of Parliament needs amendment. According to a military contemporary, the troops quartered in barracks in Glasgow were detained in barracks for five days during the late election of a Member for the Glasgow and Aberdeen Universities. As the constituency is composed of Graduates in Arts and Medicine, and the voting was conducted by means of voting-papers, the confinement of the soldiers was surely an absurdly unnecessary proceeding.

CLARE COLLEGE, Cambridge, offers a scholarship of the value of £50 per annum, tenable for three years and a half, for Natural Science. The examination (in Chemistry with Physics, Comparative Anatomy and Physiology, and Geology) will be held on March 30th, and will be open to all students who are willing to commence residence in October, 1870. Information may be obtained from the Rev. W. Rayner, tutor of the College.

THE Committee of the Manchester Medico-Ethical Association have forwarded a donation of £5 to Dr. Bell Fletcher "for the Committee of the Medical Reform Union, as a mark of sympathy with the work they have in hand." The liabilities on account of the Birmingham memorial are now £170, towards which the treasurer, Mr. Arthur Oakes, Old-square, Birmingham, will be glad to receive contributions.

WE regret to learn that yellow fever, which was lately prevailing at the Bahamas and Trinidad, has made its appearance at Jamaica. A detachment of the 84th Regiment stationed at Mandeville was attacked, and several of the cases proved fatal. The detachment was removed to Uppark camp.

THE Kingston Special Drainage Committee does not appear as yet to have solved the difficulties of sewage disposal in respect of that town; and the Home Secretary has, it is reported, declined to receive any more deputations on the subject unless a definite scheme is laid before him.

A SUM of £500 has been given by Mr. Crossthwaite, of Kingstown, Ireland, towards the fund for erecting a new hospital in that locality.

DR. MORTON was able to report, at the last meeting of the Guildford Board of Health, that only one case of fever had occurred in the town during the past six weeks.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE third anniversary session was held at the Freemasons' Tavern, on Wednesday and Thursday, December 1st and 2nd. We have only space to record this week the proceedings of the first day. After the confirmation of the minutes of the last meeting, thirty-two new members were elected, amongst whom were Mr. Lockhart Clarke, F.R.S., Dr. Brewer, M.P., and Dr. J. D. Macdonald, F.R.S. The number of the Association is now 545. The following is the list of officers appointed for the ensuing year:—President: Dr. Richardson, F.R.S. Vice-presidents: Drs. Day (Stafford), McIntyre (Odiham), Lockhart Robertson (Hayward's Heath), Tuke and Crisp (London), and Seaton (Sunbury). Council: Drs. Ballard, Bloxam, Brodie, Buchanan (Glasgow), Cholmeley, Cleveland, Daldy, Davey, W. H. Day, Dudfield, Goss, Griffith, Hughlings Jackson, Keiller (Edinburgh), Morris, O'Connor, Proctor, Rogers, Lloyd Roberts, Wynn Williams, Wiltshire, Cooper Rose, Black, Rhys Williams, George Brown, Royston, Davis, Shelton, Gordon, C.B., Lush, M.P., Ross, Taylor, and Jencken (Queenstown). Hon. Treasurer: Dr. Paul. Hon. Sec.: Dr. Leonard N. Sedgwick.

The Report of the Council drew attention to the continued prosperity of the Association; and then reference was made in it to questions of special interest affecting the rights of the graduates in relation to their University. The Council perceive that some members of the Association have not yet become members of the General Council of the University, a necessary condition of the exercise of the franchise. The Council would remind such members that, in the words of the Act, "all persons on whom the University has, after examination, conferred the degree of Doctor of Medicine," are entitled to become members of the General Council on making application to the Registrar of the University, and transmitting to him a registration-fee of twenty shillings. This is a fee for life, no further payment being required. The General Council meets twice a year, on the last Thursdays of March and November respectively, "to take into consideration all questions affecting the wellbeing and prosperity of the University, and to make representations from time to time on such questions to the University Court." It elects the Chancellor of the University, and one of the assessors of the University Court, as well as, in conjunction with the General Council of the University of Edinburgh, the member in Parliament for the conjoined Universities. When a poll is demanded, these elections take place by means of voting papers. The Council, therefore, urge upon all members of the Association who are not yet members of the General Council the need of their becoming so, in order that the Faculty of Medicine may have its due weight in the government of the University. During the year it has been necessary to appoint an assessor of the General Council in the University Court, and for the first time the great bulk of the Doctors of Medicine, constituting by far the larger number of graduates of the University, have been enabled to participate in his election, and have evidenced the interest they take in the honour and welfare of their Alma Mater by sending as their representative in its highest Court the President of the Association. On this result the Council offer congratulations. At the anniversary session of last year, the Council were instructed to take such steps as they might deem most advisable to obtain the repeal of the regulation limiting the number of non-resident graduates in medicine to ten annually. A memorandum was drawn up and submitted to the General Session, held on April 8th of this year, when it was received and adopted. The memorandum was printed at page 253 of vol. ii. of the Transactions. A meeting of the University Court was held at St. Andrews in October last, when Dr. Richardson, as assessor of the General Council, brought the subject forward, and gave notice that at the next meeting of the Court he would move that the regulations concerning the conferring of medical degrees on persons who have not kept terms at the University be modified, in accordance with the views set forth in the memorandum which had been presented to them. The Council have great confidence that the University Court will see fit to comply with a request for a modification of the regulations, which would advantage the University no less than those persons who, by this limitation to ten, are precluded from offering themselves as candidates for the degree of Doctor of Medicine. Reference was then made to the steps taken to promote the adoption of a plan for a general registration of disease, based on the Poor-law medical officers' returns, which was brought before the Association last year by the President, and which had been first proposed by him in 1856. The Council trust that in this or some such way a general registration of disease, as it occurs in the poorer classes of the community throughout the whole extent of England and Wales, will be obtained, which, marking the plague spots of the nation, will afford more sure and certain information of the course, the character, and the causes of disease, and materially help towards that perfect knowledge without which, and just in so far as it is wanting, sanitary measures are but imperfect strivings after good. After the discussion on Dr. Tuke's paper "On the Criminal Responsibility of the Insane," read at the last anniversary session, a resolution was passed requesting the Council to consider whether a memorial on the question of the criminal responsibility of the insane should be presented to the Houses of Parliament. Up to the present the Government and Parliament have been so much occupied with urgent matters of general legislation that the Council have thought it best to postpone the subject. In the meantime a memorandum on criminal insanity, pointing out the discrepancy between the civil and criminal laws in their estimate of the value of delusion as a bar to legal proceedings, and showing the unsatisfactory nature of the tribunal—an ordinary jury—which has to determine the presence of insanity, has been prepared, and will be laid before the Association. The Council, in conclusion, urge upon all a retrospect of the work of the past two years as proof of the need of an Association for the maintenance of the interests of the medical graduates of the University, and of the success which ever attends a common effort for the common good.

MEMORANDUM ON THE CRIMINAL RESPONSIBILITY OF THE INSANE.

The fact of a man being insane at the time of his commission of a crime is not admitted by the law of England as a reason for the remission of the punishment awarded to such crime. In order that insanity may be pleaded with validity as a defence, it must be also proved that the accused, however mad in other respects he may be, was not conscious that the act was one he ought not to do, the act being at the same time contrary to the law of the land. Insane persons generally, with the exception of idiots and such like, know the difference between right and wrong; know that it is right to obey a law, wrong to disobey it. It was a recognition of this fact that suggested to its originators the non-restraint system of treatment of the insane; and the general acceptance of this plan, and the beneficial results which have ensued from its adoption, bear the

strongest testimony to its truth and justice. The law in regard to testamentary capacity differs *in toto* from that relating to insane persons who have committed crimes. In order that a will may be valid, the testator at the time of making it must be of a "sound and disposing mind." The meaning and value of this phrase have been declared by Lord Penzance, then Sir J. P. Wilde, in his judgment in the case of Smith and others *v.* Tebbitt and others. The existence of mental disease incapacitates a person for making a will. And if the disease evidence itself only by partial disturbance of the intellect, or even if it have no relation to any matter or business connected with the will, still the incapacity exists. In this matter no question of knowledge of right and wrong is introduced. The existence of even partial mental disease is sufficient to cause the law to deprive a man of one of the most cherished rights of a freeman—the power, namely, to leave his property as he thinks best, his proposed dispositions being in other respects legal. If it be just that the existence of a mental disease should be sufficient to render a person incapable, in the eye of the law, to leave instructions for the disposal of his property after his death, it cannot be just that a person afflicted with a similar mental disease should be subjected to the same punishment as a sane person when he has committed a crime. The existence of mental disease or insanity in any person is often patent to all; but there are not a few cases in which the nicest tact, the greatest discrimination, and the calmest judgment are needed to determine its presence, and it is of the nature of things that the cases of disputed sanity in courts of law are of this character. The mode of taking the evidence of medical men, whether in support of the sanity or insanity of accused persons, is practically the same as that in which evidence on all ordinary matters is taken. Medical witnesses are retained by the prosecution, and for the defence; they are examined and cross-examined for the purpose of supporting the preconceived assertions of one side or the other; and the testimony being thus rendered confused and conflicting, the determination of the truth is remitted to a jury of persons who have very seldom paid any attention to the subject of insanity, and whose education and previous habits have not rendered them specially fitted for the consideration of so delicate and so intricate a subject. Such a mode of proceeding is well calculated to make a partisan of a witness who should be of neither side, and, consequently, badly calculated to discover truth, for the determination of the existence or non-existence of insanity is often most difficult. By this means, not only is the medical witness often converted into an advocate, but, as one who will speak with no hesitating voice is the best witness for his own side, men of strong, prominent, and extreme opinions are selected in preference to those of more moderate views. Again, the jury, under this mode of procedure, are expected to give a decision on matters which it is impossible that they can fully appreciate or understand. For these reasons it is contended that the law concerning persons alleged to be afflicted with insane delusion, who have committed a crime, and the mode in which medical testimony as to the sanity or insanity of an accused person is taken, should be submitted to the consideration of a Royal Commission, with a view to the amendment thereof.

The main part of the evening was occupied by the reading of and discussion on a paper entitled "The Clinical Examination of the Urine," by Dr. Black, of Chesterfield. The Secretary, Dr. Sedgwick, has been good enough to hand us an abstract, but we regret that we are unable to give it place in our columns. Dr. Black's paper was an able one. It will appear in the Transactions of the Association, and we commend its perusal to our readers.

THE PROPOSED AMALGAMATION OF MEDICAL SOCIETIES.

THE first meeting of the delegates of the different societies which have accepted the provisional resolutions of the Royal Medical and Chirurgical Society for the amalgamation of medical societies as a basis of discussion, was held in Berners-street on the evening of the 30th. The time was chiefly occupied in determining the best mode of subjecting the suggested scheme to systematic examination. The difficulty felt at the outset was in estimating the probable financial future of the proposed amalgamated Society, and arriving at a reasonable forecast of the effect of the amalgamation upon the independent action of the sections with regard to the publication of their Transactions. The Pathological Society would not forego any part of its ordinary expenditure upon print and paper, and it was not easy to conceive how the requirements of the Society could be met consistently with the integrity of the suggested scheme. Ultimately it was determined to endeavour to ascertain approximatively the probable strength and income of the amalgamated societies, and thus see and learn whether it would be practicable to devise a financial scheme which would meet equally the requirements of the amalgamated Society and the different sections thereof. Dr. Greenhow was requested, and he has consented, to undertake the task. Dr. Murchison suggested a scheme of amalgamation differing essentially from that proposed by the Medico-Chirurgical Society. He was requested to submit his scheme in a precise form to the next meeting of the Committee. The meeting adjourned to the 13th instant, and it is to be hoped that it may then be able to indicate some practicable method of overcoming the difficulties which beset the proposed amalgamation.

Correspondence.

"Audi alteram partem."

THE INSANE IN PRIVATE DWELLINGS.

To the Editor of THE LANCET.

SIR,—You suggest in a leader in this week's LANCET (October 16th), with reference to a letter you did me the honour of inserting on "The Treatment of the Insane of the Upper Classes in Private Dwellings," that I might "do some service of a practical kind if I would go carefully through the patients who are in the Sussex Asylum and declare how many I could conscientiously recommend to be placed in private dwellings on the condition of suitable pecuniary provision being made for their care." The following table shows the total number of pauper lunatics and idiots chargeable to the county of Sussex on the 1st of January, 1869.

Table showing the total number of pauper lunatics and idiots chargeable in Sussex, with their distribution and ratio to the population.

Distribution.	Numbers.	Distribution per cent.
In the county asylum	568	61·0
In the workhouses	212	22·6
Boarded with relations or friends ...	151	16·4
Total	931	100·0

Ratio to the population of the county, 1 in 390.

Thus you see, Sir, we have already 39 per cent. of the insane poor of Sussex treated out of the county asylum, and 16·4 per cent. of these are boarded in private dwellings with their relatives. The insane in Union houses are regularly visited by the Commissioners in Lunacy, but in England *there is no official inspection whatever of the insane poor in private dwellings save a quarterly visit by the district medical officer of the Union*, of which the Clerk is bound to furnish the Visitors of the County Asylum and the Commissioners in Lunacy a quarterly report. These patients, amounting in England and Wales to 15 per cent., or to upwards of 6000, are thus boarded out by the sole authority of the boards of guardians, and the certificate of their medical officer, but without any magistrate's order to legalise their detention. They are chiefly cases of congenital idiocy and dementia. The allowance for their maintenance averages

6d. a day. No official inspection whatever is made of these patients (save the quarterly visit of the Union medical officer), and the little that is known of their condition is not encouraging as regards the extension of the present system.

There are no patients in this asylum whom I could recommend to be thus boarded out. Yet I am very far from asserting the opinion that all the insane poor, without exception, ought to be treated in the county asylum or in the workhouse. In the President's Address for 1867, which I read at the College of Physicians before the Medico-Psychological Association, I thus referred to this question, and suggested a remedy:—

"As medical superintendent of a large county asylum, I am weekly receiving applications to allow patients to return to their homes, and though many of such cases are unfit to be discharged, others certainly might, under proper restrictions, be so restored. What is required to give this plan a fair trial is some simple organisation connected with the county asylum, similar to the permissive powers which now exist of allowing patients to be temporarily absent on trial, with a weekly allowance. Were this permissive power converted into a permanent system of home treatment for the insane poor, great comfort would result to many families in having their afflicted loved ones again with them. If the visitors of the county asylum had the power of boarding with their relatives, at an allowance not exceeding the asylum maintenance, patients selected for this home treatment, many applicants would be found, and the confidence of the poor in the authorities of the asylum would be greatly increased. The only machinery necessary would be to add a medical officer to the staff of the asylum, for the purpose of making a periodical visit and payments to these patients. The medical practitioners in the district should be employed to make a quarterly medical report to the visitors, and in exceptional cases further visitation could be made by the medical superintendent of the county asylum. The certificates remaining in force throughout the whole period, the patients could, without further delay or trouble, be brought back to the asylum in any case of relapse or other necessity. Such a plan would ultimately supersede the present system in England of boarding the insane poor in private dwellings under the authority of the boards of guardians; a system, although embracing 15 per cent. of those chargeable, of the working of which very little appears to be known, and that little, I fear, not much to its credit."

The difficulties in working such a system are not to be overlooked. The cottages of the English peasantry are already sadly overcrowded. The villages lie straggling at great distances, and thus increase the cost and difficulty of inspection. Many of those most fitted to control their insane relatives are engaged by day at distant work, and so on. Still the system might, I firmly believe, be in some such manner as I have indicated set in operation. In Scotland there are 28 per cent. of the insane poor boarded in private dwellings, and visited by the Deputy Commissioners in Lunacy. It would be evidently impracticable for the English Commissioners in Lunacy to visit 28 per cent., or 13,000 of the insane thus scattered throughout the land. This inspection must, I repeat, be the work of the authorities at the County Asylum.

I have carefully (as you suggested) gone through the list of the 599 patients in this asylum. I have selected 78 men and 72 women—chiefly cases of dementia and chronic mania—who, I think, might on the plan I suggest be entrusted to the care of their relationf. Still lunatics under asylum control, and lunatics at large, are singularly different people, and doubtless I am not mistaken in this estimate. For my present argument, I am content to believe these numbers, and to reduce the list for home treatment to 39 men and 36 women. This would amount to an asylum delivery of 12·7 per cent., and would thus alter the relative distribution of the insane poor of Sussex:—

Place of Cure and Treatment.	Present proportion per cent.	Proposed proportion per cent.
The County Asylum	61	48·3
The Workhouses	22·6	22·6
Boarded with relations and friends	16·4	29·1

"*Insanity*," you truly say, "*is the same disease in the private patient and in the pauper, and the elements for a scientific conclusion are therefore the same in both cases.*" I venture on the figures I have given to say that I believe that at least 12 per cent. of the inmates of the private asylums in England might be, with manifest advantage to themselves, be placed for care and treatment in private dwellings. There are 5000 persons of various conditions in life now confined in the English private asylums. This step would restore 600 of these sufferers to the blessings of home life, and of such liberty as their state may admit of. In their case no alteration of the law is requisite. Moreover, the accommodation is ready, and that in the fittest of all places—in the homes of the general practitioners of the country. The single advertisement in THE LANCET, which, when I wrote to you, had brought me eighty-nine replies, resulted in *one hundred and eighty* offers from gentlemen of good standing, several of whom I know personally, to receive a lady of unsound mind for £175 a year. How many replies would an advertisement in THE LANCET offering £300 a year—an ordinary charge in private asylums—call forth?

You say with painful truth, "for much too long the treatment of insanity has been considered an entirely special mystery, and kept apart from the rest of medicine in a mischievous isolation. Both medical science and the medical profession have suffered in consequence." One remedy for this evil—this placing of a proportion of the chronic insane of the upper classes in the dwellings of the general practitioners of the country—rests very much on their own hands, and with the London physicians. I commend the question again to their consideration. It is no small boon to their patients and to their friends which they can thus procure for them—the privilege of spending "the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper cure."

The increased labour of inspection thus thrown on the Lunacy Board they would doubtless know how to advise Parliament best to meet. I cannot think the nation would grudge the cost of further advancing and perfecting our system—already the first in Europe—of lunacy administration.

I am, Sir, your obedient servant,

C. LOCKHART ROBERTSON, M.D.

Hayward's Heath, October 19th, 1869.

*** We regret that pressure on our space has delayed the publication of the above letter.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—The following passage is extracted from a case, from King's College Hospital, given at page 609 of THE LANCET of Oct. 30th last:—

"Thomas P——, aged thirty-nine, a soldier discharged after fifteen years' service, was admitted on the 13th January, 1869, into the Victoria ward, suffering from an aneurism at the root of the neck. The patient states that twelve weeks ago he got wet through at Aldershot, and went into hospital there suffering from cough. During his stay there a tumour, which he had not noticed, was discovered in the right side of the neck. On his discharge he came up to London, and was admitted under the care of Sir W. Fergusson."

Now, Sir, as the practice here is to retain men with active aneurisms with their regiments until the disease be cured, or terminate otherwise, the man's statement as to his condition on discharge from the service appeared to me so very improbable that I have endeavoured to ascertain its correctness. For this purpose, I have had the records in the principal medical officer's and the Adjutant-General's offices examined, and have referred to the surgeons of the various corps that were serving at Aldershot from October, 1868, to the middle of January, 1869, with the following results:—

1. No man named Thomas P——, or of the age and service given above but with a different name, was discharged for medical disability from any regiment stationed here from October, 1868, to 13th January, 1869.

2. No man of the name appears in the records in the Adjutant-General's office as having been discharged within the period for other than medical reasons.

3. The various surgeons then in camp assure me that no

soldier answering the description of Thomas P—— was treated in, or discharged from, their respective corps, from October, 1868, to January, 1869, inclusive.

I am, Sir, your obedient servant,

ROBERT LAWSON,
Inspector-General of Hospitals.

Aldershot, Nov. 16th, 1869.

MARTINEAU'S LITHOTOMY *VERSUS* MODERN LITHOTRITY.

To the Editor of THE LANCET.

SIR,—In your able and very interesting obituary of the late Richard Griffin, the following passage, which, as it is in no way necessarily a part of the memoir, but embodies a very grave surgical error, I beg leave to be permitted to notice.

Referring to Martineau, of Norwich, the writer says,—"He had an unbroken series of seventy-four cases without a death. Can modern lithotrity show as good a return?"

The first source of fallacy in comparing Martineau's results with modern lithotrity is, that Martineau's list contained a large proportion of children, while the lists of modern lithotrity contain *solely the cases of adults*.

Everybody knows how rare are the deaths of children by lithotomy; and one would think it had been repeated sufficiently often that no comparison of one set of stone cases with another is worth anything, while the one total contains any number of *children*, and the other contains *only adults*. It is the reappearance of this grave misapprehension which impels me to trouble you with my remarks on the subject.

Martineau's results are known to the world by his own report of 84 cases, published in the Transactions of the Medical and Chirurgical Society, vol. xi., p. 406. It appears from this that he had 84 cases of lithotomy, with 2 deaths. Of these, no less than 34 were children, and 5 were women. His "unbroken series" was in reality 49 (and not 74) cases without a death. Of these, almost half, or 23, were children, besides the 5 women, leaving only 21 adult males.

Secondly: after all, it never has been proved that Mr. Martineau's success, all his cases considered, was superior to that of other lithotomists. His series of 84 cases at all ages, with two deaths, was remarkable, no doubt; but having been at the pains to inquire, I have learned, on excellent authority, that the average results of his entire experience were not better than those of his colleagues.

I have no doubt this will be corroborated, if some of the Norwich authorities are consulted on the question.

I am, Sir, your obedient servant,

JOHN FOSTER.

Welbeck-street, Cavendish-square, November 23rd, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

CLAUDE BERNARD'S LECTURES AT THE COLLÈGE DE FRANCE: THE COMBINED ACTION OF MORPHIA AND CHLOROFORM.

PROFESSOR CLAUDE BERNARD has only recently concluded a most valuable series of lectures at the Collége de France on the character and action of the various anæsthetics. I should have been glad to give you an abstract of these lectures, which were extremely interesting; but on account of their number and extent, they can scarcely be inserted. The more striking and practical results of the novel views or experiments brought forward during the course by the illustrious physiologist may be summed up in a few words, and I think I cannot do better than use for this purpose an article which has recently been published by Professor Fonssagrives, and which contains at once the gist of Bernard's researches, and some very sensible remarks from the eminent therapeutist of Montpellier:—

"The determination of the effects of morphia, of those of chloroform, and of the combination or succession of these two agents administered to the same animal, have just furnished Professor Bernard with the subject of a most interesting series of lectures, which eventually must be of much advantage to therapeutics. Morphia produces sleep, but at the same time it brings on a peculiar condition of excitement. If chloroform is inhaled by an animal previously narcotised by the alkaloid, only an extremely small dose is necessary to produce anæsthesia. On the other hand, the injection of a solution of chloro-hydrate of morphia in an animal which has been set to sleep by chloroform, and is beginning to awake, restores insensibility. The fact has been demonstrated by numerous experiments. Let us see how the Professor explains it theoretically. He admits that the sensitive cellule must be in contact with blood mixed with a certain quantity of chloroform in order that anæsthesia may take place. As the anæsthetic substance is being constantly eliminated, sensibility shows a tendency to recur, but morphia prevents sensibility just in the degree necessary for the production of anæsthesia by the chloroform which is left. On the other hand, if chloroform protracts and re-establishes the somniferous action of morphia at the time when it ought normally to cease, it is because the sensitive irritability, which is the source of reflex action, being heightened by morphia, places the animals in a condition of impressionability peculiar to chloroform. This latter explanation is obviously not so satisfactory as the former, and the author, in referring to "the deep obscurity which still involves complex medicamentary action," seems implicitly to confess that he is not quite content therewith. The action, at once somniferous and exciting, of morphia does not appear to Claude Bernard to justify the view of a double substance contained in the alkaloid, and producing this twofold effect. He believes in the *chemical unity* of morphia, and explains this double influence by two stages of the same physiological action, which, according to the substances, may vary in duration or intensity, and thus produce certain differences. But may not this twofold action, corresponding with a double stage, depend simply on the fact that the poison of morphia, carried along by the circulation, and according to the mechanical laws of this function, touches and excites the various organs or their elements, some of which answer the appeal in a manner representing their special impressionability, whilst others remain still and silent? Of the silence of the latter and the varied language of the former is made up the phrase *phenomenal*, which is, properly speaking, the formula of the physiological action of a medicament or a poison. For my own part, I have never been able to explain otherwise what is called medicamental *electivity*. A substance has no life, no determination; it does not take any one direction in preference to another. Carried along passively, mechanically, by the blood with which it has been combined through absorption, it impregnates all the organs, and puts forth their sensibility or their impassibility. Only one organ will sometimes *speak*, but all are impregnated and *interrogated*."

Professor Fonssagrives concludes with some remarks which I cannot resist the pleasure of quoting:—

"The *science* of medicaments has begun, and M. Claude Bernard will have had the signal honour of setting down its programme; but if physiology plays its part in seeking to penetrate the mysteries of the intimate molecular action of medicaments, let clinical medicine hold its own in reserving the study of their exterior, phenomenal, symptomatic action. The patient's bed in the hospital, and the laboratory, will, between them, constitute the science of therapeutics; but neither of these by itself is able to create it.

INSTITUTION OF A CHAIR OF "HISTORY AND PHILOSOPHY OF MEDICINE" AT THE PARIS FACULTY; SOME REFLECTIONS IN CONNEXION THEREWITH.

The Paris Faculty has just decided upon instituting a chair of History and Philosophy of Medicine. The matter has not been settled, however, without some difficulty and much hesitation. The Faculty was not in the least prepared to create such a chair, or to seek its establishment at the hands of the Government, when a Councillor of State, a lay gentleman, who died quite recently, bequeathed to it a large sum for the express purpose of founding such a chair. The Faculty could scarcely refuse the bequest; only it did its best to obtain permission from the family of the deceased to convert the chair of "History of Medicine" into a more useful and practical one. The upshot of the matter is, however, that the chair will be founded, and thus

the School of Medicine, by a mere chance, is endowed with this new branch of teaching, which would probably not have been instituted for years to come, and whilst it has no official chairs for such useful branches as ophthalmology, skin diseases, diseases of women and children, &c. True, this teaching may be met with at the different hospitals, such as St. Louis, the Midi, &c. But it is purely nosocomial, and quite independent of the Faculty. So that if the several physicians and surgeons who lecture on these important branches of medicine, or teach them practically at the patient's bedside, were, *par impossible*, to cease this instruction, the Faculty would be to a large extent open to the reproach that, whilst it pretends to teach the whole body of medical sciences, it gives no instruction on subjects of such paramount importance as syphilis, eye diseases, pædiatrics, &c. It is but justice to state, however, that the School of Medicine is fully alive to this sad condition of things; and indeed this seems to be one of the motives why the professors hesitated in adopting the institution of a Chair of History and Philosophy of Medicine. They seemed to reject the idea of such a theoretical and crowning foundation, as it were, whilst such important practical chairs as those I have mentioned are still wanting. However, it may be applying some balm to their consciences to remind them that the present Chair will, after all, cost the Faculty nothing, and that thus a necessary ornament, if not an indispensable instrument, is definitively appended to the *corps d'enseignement* of the School of Medecine. Want of money is the great embarrassment of the Paris Faculty, which is otherwise animated by the best intentions. It may be asked, however, why a series of supplementary chairs, having a clinical destination, may not be officially founded in the different hospitals, special or otherwise, and confided to the vice-professors of the Faculty, who are most of them hospital physicians or surgeons in addition. Surely they would be extremely glad to take charge of this teaching, and thus prepare themselves for a higher and more satisfactory order of things. Thus the teaching of the Faculty would officially comprehend the different important branches which are now wanting.

ON THE USE OF ELECTRICITY IN OBSTETRICS.

Dr. de St. Germain, Surgeon to the Lying-in Hospital, has recently been conducting a series of experiments with electricity, as an obstetric agent, and he thus sums up the results in a communication brought forward at the Imperial Society of Surgery:—

1. We have not been able in any one case to produce uterine contractions, when they had not already appeared of their own accord.

2. Whenever labour had commenced, and the contractions were succeeding each other at intervals of from fifteen to twenty minutes, the application of electricity to the lateral walls of the abdomen produced a considerable amelioration of the uterine contractions, after the lapse of only ten minutes.

3. We have also stated that each contraction excited by electricity was much longer and more painful than the others.

4. The dilatation of the cervix seemed to progress constantly with rapidity under the influence of galvanic excitement.

5. In all the cases the expulsion of the placenta immediately followed that of the child.

6. In two instances only we observed a slightly bluish hue on the skin of the child; but this might be attributed to cyanosis, brought on by circular constriction.

Paris, Nov. 30th, 1869.

NEW YORK.

(FROM OUR SPECIAL CORRESPONDENT.)

UNTIL recently, New York has been very poorly supplied with hospital accommodation. With a population of about 1,000,000, one half of whom live in the worst possible tenement houses, she had but two hospitals—viz., the New York and Bellevue. The former, noticed in a previous letter, was the hospital for pay patients, having a capacity of 400 beds; while the latter was the great pauper hospital, with a capacity for 1200 beds. The Bellevue Hospital, located about the commencement of the present century, was then so far out of town, upon the East River, as to be one of the fashionable drives of the pleasure-seekers of that day. It is now, however, surrounded by a dense population, and, under the enlightened management of the Commissioners of Public Charities and Connexions, it is justly regarded as the most important hospital in this country. Its internal arrangements are those of an old hospital reconstructed to adapt it to modern ideas of hospital construction; that object, of course, being imperfectly accomplished. It is amply supplied with all the appointments for successful administration. The method of conveying accident cases to the hospital is well worthy of imitation. Two ambulances are always in waiting, day and night, to each of which is attached a surgeon, and having a proper supply of temporary dressings, restoratives, &c. Whenever an accident occurs, the police telegraph to the hospital, and instantly, the fully-equipped ambulance proceeds, with the attending surgeon, to the place indicated. The ambulance, with a competent surgeon and all needful dressings, reaches the patient, though distant two or three miles, in a few minutes, the proper dressings are applied, and the patient, placed upon a movable stretcher, is taken to the hospital, and to his bed, without further disturbance, and frequently before his friends are aware of the accident; and this is done with such freedom from pain as to elicit expressions of gratitude from the suffering. Bellevue Hospital has recently risen into great importance as a theatre for clinical instruction. The largest facilities are afforded for the different schools, and, as a result, medical teaching in this city has concentrated around this hospital as a common centre. The medical staff consists of twelve resident and six non-resident gentlemen, and nine visiting physicians, and the same number of visiting surgeons. The physicians are—Drs. Clark, Taylor, Elliot, Barker, McCready, Loomis, Thomas, Flint, sen., and Flint, jun.; and the surgeons—Drs. Wood, Sayre, Stephen Smith, A. B. Mott, Gouley, Hamilton, Crane, Sands, and Markes.

Within a recent period, several small hospitals have been organised, and the tendency now is to a large and perhaps undue increase of these institutions. St. Luke's was opened in 1858, and has a capacity for 140 beds; St. Vincent's was opened in 1849, and has an annual admission of 808 patients; Mount Sinai Hospital was opened in 1855, and has an average admission of 606 patients. The German Hospital has just completed one pavilion, which has a capacity for 75 patients. The corner-stone of the Roosvelt Hospital is about to be laid, and when completed this hospital will consist of four two-storey pavilions, with a total capacity for 300 patients. The Lenox Hospital, like the last, endowed by a wealthy citizen, has been organised; it will soon be commenced. The new hospitals are all constructed on the pavilion plan, and the most recent, as the Roosvelt, are models of excellence. The various hospitals and asylums under the direction of the Commissioners of Charities and the Commissioners of Emigration are worthy of special notice, and I will take occasion hereafter to group them in a separate communication.

New York, Oct. 17, 1869.

Obituary.

DR. EASTLAKE.

IN Dr. Eastlake the profession has lost a young physician of much promise, whose skill in the obstetrical branch of his calling more particularly, combined with his genial manners, was rapidly securing for him an extensive and lucrative practice. He died on the 17th ult. at Paris, on his way to the south of France, where he was about to spend the winter, with the view of obviating the sequelæ of rheumatic fever. Dr. Eastlake had had the benefit of an unusually liberal education, having studied at Westminster School, at Edinburgh, Dublin, Paris, Wurzburg, and Heidelberg, at which latter seat of learning he had graduated as Ph.D., the equivalent of the M.A. of the Scottish Universities. He was Fellow of the Royal College of Phy-

sicians of Dublin, and held, among other honorary appointments, the post of physician to the British Lying-in Hospital, and physician-accoucheur to the St. Marylebone Dispensary in Welbeck-street. He possessed no small share of the talent for literature and art which belongs to his family, and was already favourably known to the profession as a contributor to the medical journals and to the Transactions of the Obstetrical Society.

GEORGE CRANMER KENRICK, M.R.C.S.

THIS esteemed member of the medical profession died, on the 13th inst., at Seend, Wilts, in the sixty-fourth year of his age, after suffering for nearly five years from paraplegia. In early life he was a resident pupil of the celebrated John Abernethy. He became a member of the College of Surgeons, and Licentiate of the Apothecaries' Company, in 1827, and shortly after settled in Uxbridge, Middlesex. After practising there a few years, he was induced by some friends to establish himself in Melksham, where a good opening for practice was supposed to offer itself. Here he remained till failing health compelled him to relinquish all work; and during the long period of thirty-five years devoted himself with almost unremitting zeal and energy to an extensive practice among all classes of society. Mr. Kenrick was twice married, and leaves behind him two sons and a daughter. Although his reputation did not extend beyond the limits of his county, in North Wilts he was very widely known as a skilful and scientific practitioner, and as an amiable and accomplished gentleman.

EDWARD HOWARD VERDON.

WE record with sorrow the death of this gentleman, in Dublin, on November 22nd, at the early age of twenty-six, from an attack of malignant typhus, contracted by zealous attendance at the bedside of a near relative in Sligo, to whom he had been summoned by telegram. Mr. Verdon received his medical education at the College of Surgeons, Dublin, where by his talents and agreeable manners he became a great favourite. Subsequently he acquired much experience in the practice of the Sligo Infirmary.

DR. LOCKING.

DR. LOCKING, Physician to the British Lying-in Hospital, died very suddenly, in bed, at 9 A.M. on the 20th ult. He had been labouring under valvular disease of the heart. He was well enough the evening before to see a patient; and was left by his wife but a few minutes before his decease as in his usual health.

MR. JOHN GAY, M.R.C.S.
(OF SWINDON, WILTS).

WE hear with regret of the very unexpected death, at the comparatively early age of forty-nine, of this amiable and highly respected member of the profession, who belonged to a family of whom three generations, in a direct line, have practised in Swindon and its neighbourhood for upwards of a century. Mr. Gay's father was a pupil of Abernethy, and he is still living in Swindon, having retired from practice a few years ago. The Highworth and Swindon guardians, of which union the late Mr. Gay, jun., was the principal medical officer, at their meeting last week, vied with each other in expressions of regret for the loss they had sustained, and passed a formal resolution embodying their estimation of his worth, and of their sympathy with his widow and family.

MR. HENRY MARDER.

A LOCAL journal announces the death of Mr. Henry Marder, M.R.C.S., of Lyme Regis, at the age of fifty-one years, from disease of the heart. The announcement contains a warm eulogium on the personal and professional qualities of the deceased.

Medical News.

UNIVERSITY OF LONDON. — The following are lists of candidates who have passed the recent examinations in Medicine and Surgery:—

M.B. EXAMINATION (ENTIRE).

Casey, Edward, King's College.
Cavafy, John, Westminster Hospital.
Clothier, Henry, University College.
Eager, Reginald, Guy's Hospital.
Hilliard, Henry Charles, Guy's Hospital. (Gold Medal.)
Loy, Thomas Richardson, University College Hospital.
Ridge, John James, B.A., B.Sc., St. Thomas's Hospital.
Tibbits, Edward Thomas, University College.

LOGIC AND MORAL PHILOSOPHY ONLY.

Coombs, Carey Pearce, St. Mary's Hospital.
Parsons, Henry Franklin, St. Mary's Hospital.
Richards, William Alsept, King's College.
Thomas, Edward Wynne, University College.

M.S. EXAMINATION.

Michell, Thomas, M.D., London Hospital.

B.S. EXAMINATION.

First Division.

Dukes, Clement, St. Thomas's Hospital.

SECOND M.B. EXAMINATION (FOR HONOURS.)

MEDICINE.

First Class.

Baxter, Evan Buchanan, King's Coll. (Scholarship & Gold Medal.)
*Thomas, John Davies, University College. (Gold Medal.)
†Gowers, William Richard, University College. } Equal.
†Stocker, James Reginald, Guy's Hospital. }

Second Class.

Dukes, Clement, St. Thomas's Hospital.
Snow, Herbert Lumley, Queen's Coll. Birm. and University Coll.
Desaé, Ethelrid, University College.
Rayner, Edwin, B.A., Paris, and University College.

Third Class.

Marshall, Henry Flamank, Birming. Gen. Hosp. and Univ. Coll.
Willoughby, Edward Francis, University College.

MIDWIFERY.

First Class.

Thomas, John Davies, Univ. Coll. (Scholarship and Gold Medal.)
Baxter, Evan Buchanan, King's College. (Gold Medal.)
Dukes, Clement, St. Thomas's Hospital.
Stocker, James Reginald, Guy's Hospital.
Rayner, Edwin, Paris, and University College.

Second Class.

Snow, Herbert Lumley, Queen's Coll. Birm. and Univ. Coll.
Gowers, William Richard, University College.
Willoughby, Edward Francis, University College.
Buck, Thomas Alpheus, Guy's Hospital.

FORENSIC MEDICINE.

First Class.

Stocker, Jas. Reginald, Guy's Hosp. (Scholarship and Gold Medal.)
Rayner, Edwin, Paris, and University College. (Gold Medal.)
Willoughby, Edward Francis, University College.

Second Class.

Snow, Herbert Lumley, Queen's Coll. Birm. and Univ. Coll.

Third Class.

Buck, Thomas Alpheus, Guy's Hospital.
Thomas, John Davies, University College.

* Obtained number of marks qualifying for the Scholarship.
† Obtained number of marks qualifying for a Medal.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 25th:—

Gray, Robert, Armagh, Ireland.
Oakes, Charles, Dudley-grove, Bayswater.
Pinder, John William, Horsforth, Leeds.
Waterworth, Edward Allan, Newport, Isle of Wight.

As Assistant in Compounding and Dispensing Medicines:—

Sutcliffe, William Henry, Jersey.

The following gentlemen also on the same day passed their first professional examination:—

Noot, William Mathias, Middlesex Hospital.
Tothill, Thos. Henry Frederick, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — ARTS EXAMINATION. — The preliminary examination in general knowledge of candidates for the diplomas of Member and Fellow of this College, which is fixed for the 15th, 16th, and 17th instant, will, in consequence of the large number of names entered for it (nearly 400), be held at the Whittington Club, Arundel-street, Strand.

MEDICAL BENEVOLENT FUND. — At the usual monthly meeting of the Committee, held on Tuesday at New Burlington-street, Dr. G. C. Jonson in the chair, the sum of £113 was distributed in grants among sixteen cases;

and as the state of the annuity department warranted it, it was decided to hold another meeting on Tuesday next for the election of additional annuitants. The Treasurer, Dr. Hare, gave notice that at the annual meeting he should move that for the future the fund be called the "*British* Medical Benevolent Fund."

THE MEDICAL CLUB.—On Wednesday last the members held their second dinner for the season at the Club house, Dr. Swettenham, Deputy Inspector-General of Hospitals (Army), being in the chair. There were present Sir W. Fergusson, Bart., Sir C. McGrigor, Bart., Dr. Allen, Dr. Sabben, Mr. Erasmus Wilson, Mr. W. Adams, and other members.

MEDICAL HONOURS.—Edward Clapham, M.D., has been elected Mayor of the borough of Devizes.—James D. Brown, Esq., F.R.C.S., has been unanimously chosen Mayor of Haverfordwest.—John P. F. P. Hains, Esq., surgeon, has been elected Mayor of Totnes.—Thos. L. Gregson, Esq., L.R.C.S. Edin., has been elected Sheriff of Newcastle-upon-Tyne, for the ensuing year.—Dr. Gervis has been elected Portreeve of Ashburton.—Mr. F. R. Trumper, surgeon, of Hay, has been placed in the Commission of the Peace for the county of Radnor, on the nomination of the Lord Lieutenant, Lord Ormathwaite.

ROYAL MEDICAL SOCIETY OF EDINBURGH.—At the ordinary meeting held in their hall, Melbourne-place, on Friday evening, the 26th ult., the following members were elected Presidents for the ensuing year:—Alex. Bennett, M.B., C.M., Edinburgh; David Page, Esq., Edinburgh; Charles E. Underhill, B.A. Cantab., Tipton, Staffordshire; and John H. Fleming, Esq., Cockermouth.

THE ATTORNEY-GENERAL VERSUS MERTHYR TYDFIL BOARD OF HEALTH.—It has been arranged that a sequestration against the above Board of Health for disobedience of an order restraining them from allowing a portion of the sewage of Merthyr Tydfil to disembogue into the Taff, to the annoyance of the public in general, and the relators, Messrs. Nixon, Taylor, and Co., in particular, shall be suspended for three months, with liberty to either party to apply. This is on the understanding that the Board are willing to proceed with temporary works to filter and deodorise the sewage, which can be erected in three months. These works are only a temporary expedient to alleviate the nuisance until the permanent irrigation scheme shall be completed.

THE butcher named Daly, who was convicted by a magistrate in Dublin a short time since for exposing diseased meat for sale, and sentenced to imprisonment for three months, has appealed through his counsel to the Lord Chief Justice, who has confirmed the sentence as correct and valid.

Medical Appointments.

ALLCOCK, C., L.R.C.P.Ed., has been appointed a Medical Officer to the Waterloo Dispensary, near Liverpool.

ARMSTRONG, Dr., has been appointed a Medical Officer to the Waterloo Dispensary, near Liverpool.

BOHLASE, H. W., M.D., has been elected Coroner for the Borough of Helston, Cornwall.

BRAMWELL, J. B., M.B., L.R.C.S.Ed., has been appointed Honorary Surgeon to the Prudhoe Memorial Convalescent Home, Whitby, and Medical Officer and Public Vaccinator for the Tynemouth Union, Northumberland.

BRUNTON, J., M.D., has been appointed Lecturer on Materia Medica and Therapeutics at the Middlesex Hospital Medical College, vice Henry Thompson, M.D., resigned.

CARTWRIGHT, J. A. T., M.R.C.S.E., has been appointed Medical Officer for the Brampton Brian District of the Knighton Union, Radnorshire.

DIVERS, E., M.D., has been appointed joint Lecturer on Medical Jurisprudence at the Middlesex Hospital Medical College.

EVANS, T., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for No. 3 District of the East Preston Union, Sussex.

FOTHERGILL, J. M., M.D., has been appointed Senior Resident Medical Officer to the Leeds Public Dispensary, vice T. Fennell, M.R.C.S., resigned.

GABE, Dr. J. J., has been appointed Medical Officer and Public Vaccinator for the Town District, and House-Surgeon to the Workhouse Infirmary, Merthyr Tydfil, vice T. Griffiths, M.R.C.S., deceased.

GARLAND, O. H., M.B., C.M., has been appointed House-Surgeon to the Coventry and Warwickshire Hospital, vice Frederic Orton, M.D., resigned.

HARRISON, Dr. C., has been elected a Physician to the Lincoln County Hospital, vice Dr. Torry.

HELLS, Mr. G., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the East Preston Union.

HOPE, W., M.B., M.R.C.P., has been appointed Physician-Accoucheur at the St. George's, Hanover-square, Dispensary, vice Dr. Lee, resigned.

KEATES, Dr. W., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Murroe Dispensary District of the Limerick Union, vice J. Heffernan, M.D., resigned.

LANG, J. F., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the Sunderland District, vice E. A. Maling, M.R.C.S.E., resigned.

LE ROSSIGNOL, A., M.D., has been appointed Medical Officer to the Jersey Female Orphans' Home, vice T. Kitchener, M.D., appointed a Medical Officer to the Chippenham Union.

LILL, W. F., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Nottingham Union, vice H. R. Hatherly, L.R.C.P.Ed., resigned.

LOVE, J. H., M.R.C.S.E., has been appointed Surgeon for the Wolverhampton District of the Great Western and Bristol and Exeter Railways Provident Society, vice E. F. Dehane, F.R.C.S.E., deceased.

MIDDLEMIST, R. P., L.R.C.P.L., has been appointed a Surgeon to the Westminster General Dispensary, Gerrard-street, Soho.

MITCHELL, J., M.R.C.S.E., has been appointed Medical Resident to the Tower Hamlets Dispensary, Commercial-road East, vice H. A. Cæsar, L.R.C.P.Ed., resigned, and appointed a Medical Officer to the Mild-end Old-town Union.

O'BEIRNE, Dr. G. P., has been elected Medical Officer for the Kiltoom Dispensary District of the Athlone Union, vice O'Connell, resigned.

OGILVIE, G., M.D., has been elected President of the Aberdeen Medico-Chirurgical Society.

PORTER, F. T., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Annacotty Dispensary District of the Limerick Union, vice D. G. Bomford, L.K.Q.C.P.I., deceased.

SANKEY, J. O., M.R.C.S.E., has been appointed House-Surgeon to the Hospital for Sick Children, Great Ormond-street, vice Clement Dukes, M.R.C.S.E., whose term of office has expired.

SCULLY, Mr. J., has been appointed Resident Obstetric Assistant at the Middlesex Hospital, vice Norton, whose term has expired.

SHARPE, A., M.D., has been appointed Medical Officer and Public Vaccinator for District No. 2A of the East Preston Union.

WATSON, C., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Rathangan Dispensary District of the Edenderry Union, King's County, vice Fitzsimon, resigned.

WILLIAN, Mr., has been appointed Medical Officer for the Workhouse of the East Preston Union.

WOODFORD, Dr. E. R., has been elected Medical Officer for the God's-hill District of the Isle of Wight Union, vice H. B. Tuttiett, M.R.C.S.E., resigned.

WORTHINGTON, Dr., has been appointed Medical Officer and Public Vaccinator for District No. 2B of the East Preston Union.

Births, Marriages, and Deaths.

BIRTHS.

COLLIER.—On the 26th ult., at Ripon, the wife of T. Collier, Surgeon, prematurely, of a daughter.

CULLINAN.—On the 22nd of Sept., at Charleville-road, Dublin, the wife of Assistant-Surgeon Cormac M. Cullinan, Madras Medical Establishment, of a son.

HERBERT.—On the 25th ult., at Bradford, Yorkshire, the wife of H. C. Herbert, M.D., F.R.C.S.I., H.M.'s 40th Regiment, of a daughter.

MARSHALL.—On the 25th ult., at Greenock, N.B., the wife of Dr. W. J. Marshall, of a daughter.

TANNER.—On the 26th ult., at Alfred House, Newington Causeway, the wife of John Tanner, M.D., F.L.S., of a son.

WOLFE.—On the 28th ult., at Shaftesbury-terrace, Glasgow, the wife of J. R. Wolfe, M.D., of a daughter.

WORLEY.—On the 19th ult., at New North-road, Hoxton, the wife of W. C. Worley, L.R.C.P.L., of a daughter.

MARRIAGES.

COLEMAN—JAMIESON.—On the 18th ult., at St. Mary's Aberdeen, M. O. Coleman, M.B., to Elizabeth, daughter of John Jamieson, Esq.

UNWIN—WOOD.—On the 24th ult., at the Parish Church, Wigan, John Brooke Unwin, L.R.C.P., &c., to Elizabeth, only daughter of Thomas Wood, Esq., of Wigan.

DEATHS.

EVANS.—At Herne Bay, Geo. Wm. Evans, M.R.C.S.E., aged 66.

FOLLIOTT.—On the 25th ult., at Stapeley Cottage, near Nantwich, of paralysis, James Folliott, M.R.C.S., the beloved and only son of the Rev. James Folliott, aged 34. Friends will please accept this intimation.

FULCHER.—On the 24th ult., Frederick B. Fulcher, M.R.C.S.E., of Orpington, Kent, aged 47.

JAMIESON.—On the 28th ult., at Bath, Dr. Quintin Jamieson, late of the Madras Horse Artillery, aged 73.

LANDER.—On the 20th ult., at Bromfield, Salop, Dr. Eaton Lander, aged 47.

M'ARTHUR.—On the 20th ult., at Kirn, Dunoon, N.B., Charles Baird, son of C. B. M'Arthur, L.F.P. & S. Glas., of Dumbarton-road, Glasgow.

BOOKS ETC. RECEIVED.

Dr. Duncan on the Mortality of Childbed.
Mr. W. E. H. Lecky on the Rise and Influence of Rationalism in Europe. Vols. I. and II.
Transactions of the Clinical Society of London. Vol. II.
The Liverpool Medical and Surgical Reports. Vol. III.
Mr. S. W. Swain on the Injuries and Diseases of the Knee-joint.
Half-yearly Compendium of Medical Science. July, 1869.
Dr. W. Odling's Outlines of Chemistry.
Mr. H. O. Thomas on Cases in Surgery.
Archives Générales de Médecine.

Medical Diary of the Week.

Monday, Dec. 6.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Haynes Walton, "On Sympathetic Ophthalmitis."—Mr. J. Sampson Gamgee, of Birmingham, "On Compound Fracture."

Tuesday, Dec. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Murchison: Gallstone Impacted in Common Duct. Mr. Hulke: Effects of Impacted Calculi; Encysted Hydrocele. Mr. Davy: Injury to Tendon; Ruptured Spleen. Dr. Sutton: Cyst of Stomach. Dr. Crisp: Diseased Ovaries in Fowl; Calculus from Bladder of Dog. Dr. Kelly: Malformations of Heart. Dr. Leared: Cancer of Lung. Mr. Maunder: Nerves of Arm Divided to Arrest Tetanus;—&c.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Lieut. S. P. Oliver, R.A.: "Report on the Prehistoric Remains in the Channel Islands."—Rev. W. C. Lukis, "On the Megalithic Monuments of Brittany."

Wednesday, Dec. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Dr. Daldy, "On Serous Spinal and Cerebral Symptoms associated with Imperfect Development of the Cranium."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Flozall, R.N., "On the later History of the Outbreak of Fever in the Mauritius."

Thursday, Dec. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Dec. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Croft: "Case of Tumour Removed from the Orbit."—Mr. Cooper Forster: "Cases in which Torsion has been Employed."—And other papers.

Saturday, Dec. 11.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE TREADMILL AND THE HEALTH OF PRISONERS.

THE Annual Report of the Governor and other officers of the Liverpool Borough Prison for the year ended 30th September last contains some remarks upon the effect of the treadmill both as regards its influence on the health of the prisoners and as a deterrent from repeated crime. Captain Veitch, the Governor, states his belief to be that the treadmill has had the effect of driving some of the "old hands" to lead "a more retired life," and to become better members of society; while he concludes that although the wheel causes the loss of a little flesh, no deterioration in general health results from it. The chaplain, on the other hand, does not believe in the deterrent influence of the wheel, and he asserts that its physical effects on the prisoners have a tendency "to excite the most painful anxiety." The surgeon, Mr. F. Archer, reports that while the effect of treadmill labour "is in some instances severe upon the general mass, it is rather favourable than otherwise." Mr. Archer's opinion having been asked whether the punishment of the wheel has not a tendency to produce hernia, he replies that it does not so tend more than any other work prescribed by the law—viz., shot-drill, crank, capstan, and stone-breaking;—he remarks that in carrying out any of these a certain amount of risk must be run, just as in the case of any ordinary labourer, and he thinks that men occupied in the construction of docks, or in hoisting merchandise, are more in danger of this complaint than prisoners on the treadwheel.

Mr. John M. Crombie, (Aberdeen.)—Gratias agimus; habemus majores!

NURSERY REFORM.

WE have perused an article bearing this title in the *London Mirror* for last month, which merits a few words from us, in consequence of members of our profession having frequent opportunities of seeing the evils which result from want of intelligent and conscientious attendants for children. Unhealthy conditions and vicious propensities, as everyone knows, are often traceable to the ignorant management and evil influence of untrained and unprincipled nurses. In cases of sickness, and especially in skin affections, occurring among children of feeble constitution, it is well-nigh impossible for the doctor to prove successful unless his efforts are seconded, and his directions intelligently carried out. Occasionally, where some disease has proved rebellious from no discoverable cause, we have felt compelled to hint that the "nurse" was inefficient, and suggested that it would be well to substitute her presence in the nursery by some one else. The effect has been remarkable; for a clean skin, properly prepared food, and tact in management will accomplish great things with sickly children. Now, how is the requisite superintendence to be obtained? We hold that where there is a mother, it is her duty to give her offspring the benefit of her presence in the nursery, and we regret that ladies often manifest so little inclination to perform what appears to us one of their primary duties. Still no mother can devote all her time to her children; she has her husband, the affairs of her household, and other duties to think of. For this and other reasons the "nursery reform movement" is to be encouraged. Its object is to bring about the employment of gentlewomen to superintend the nursery department. Wherever there are several nurses, the "head" one need do nothing that a lady might not do; and there can be little doubt that if the right sort of person could only be secured, the influence of an educated, refined, and conscientious woman in the nursery is the best substitute for that maternal care which children require in their mental and physical training. If the services of persons entitled to the appellation of gentlewomen are to be secured, however, the tasks allotted to them should not be menial in character. This necessarily renders their employment somewhat limited; but head nurses often exact as much waiting upon, and are as particular about the nature of their duties, as any lady. Unfortunately, ladies, however poor they may be, appear to think that they lose caste by such occupations, and the consequence is that the market of governesses is glutted, and the supply of nursery governesses of the type usually found is not of the character required for the purpose.

Dr. George Johnson's letter on "The Case of the late Mr. Justice Hayes," arrived too late for insertion this week.

THE "DIGNITY" OF THE MEDICAL PROFESSION: BUDGETT *v.* HAUSMANN.

To the Editor of THE LANCET.

SIR,—The above case was tried at the Lord Mayor's Court on Friday last, in which I was plaintiff, for the recovery of £23 odd for medicines and attendance on defendant's family for a period of about eighteen months, during which time the wife had two miscarriages, with unusually severe consequences. However, she got well. After the usual squabbling between lawyers about mixture and visits, a Mr. Thomas Hewlett Worger was called by the defendant, who swore that he had attended defendant's wife since, and that his usual charge was "*one shilling* for visit, mixture, and powder or pills, as may be required." Upon cross-examination, he said that if he saw a patient on his "rounds" two miles from his residence, he should charge no more. I had paid 120 visits, and attended two premature accouchements, and my attendance, including the same and medicines, averaged hardly 4*s.* each—moderate enough, one would think, at a distance of two miles. However, the jury gave me the large amount of £6, estimating my time and ability, doubtless, at the same price as Mr. Thomas Hewlett Worger, M.R.C.S., L.A.S., estimates his own.

It is too contemptible to notice it further, except that a member swears to uphold the *dignity* of his College. Yours obediently,

Commercial-road, E., Nov. 24th, 1869. J. B. BUDGETT.

*** The above letter reveals the secret of the low esteem in which medical services are held by the public. One medical man is undersold by another. This would be right enough if the charges of the first were at all unreasonable. But here they are conspicuously reasonable. Four shillings a visit for an attendance at two miles' distance, including two premature accouchements with unusually severe consequences, and medicines, is surely not an excessive charge; and yet in steps Mr. Thomas Hewlett Worger, M.R.C.S. and L.A.S., and is ready to give visit, mixture, powder or pills for one shilling! It is not easy to understand why men like Mr. Worger ever enter a profession. All they seem to think of is getting shillings, and they could have got these without going through the ordeal of entering a profession. If Mr. Budgett has received most inadequate remuneration for his services, he has at least the consolation of being relieved of unappreciative patients.

THE WORKHOUSE AT YORK.

GREAT improvements have just been completed in this workhouse. A new infirmary has been built at the cost of £4409, and the schools, dormitories, and kitchens have been enlarged. It is said that no workhouse in the kingdom is now provided with more airy, spacious, and better adapted sick wards than is that at York.

DIGITALIS POULTICE.

To the Editor of THE LANCET.

SIR,—In an answer to the question of "Tyro," in your issue of Nov. 13th, I beg to state that the poultice of digitalis-leaves was applied across the loins; but had it been kept on the abdomen it would have had the same effect

Yours obediently,

Pembroke Dock, Dec. 1st, 1867. HOWARD D. REYNOLDS, L.R.C.P.

THE EMPLOYMENT OF WOMEN.

THE women of our age cannot complain that they have not been exciting a due amount of attention of late. Public speakers, magazine writers, and political economists have been advocating their equality with men, and the necessity which exists for leveling all the old barriers to their competition with them on equal terms. These are to be regarded as the relics of a hard, selfish age. After every storm there comes a calm; and we may expect, when the full realisation of what it is that the struggle involves has replaced the more pleasant excitement of writing and talking about it, that things will not have changed so much after all. Meanwhile, we are fully sensible of the hard lot and dreary prospect before many women, and we are glad to welcome any sensible suggestions. The *Westminster Gazette* of the 13th ultimo has an article containing some of these. The Society for the Employment of Women has sought, urgently and systematically, to open to women occupations suited to them, but hitherto held only by men. This, it will be remembered, is just what we recently advocated. The Society has placed out trained women as painters on porcelain, photographers, dispensers of medicine, printers, and bookbinders, in the telegraph and post offices, and as copying clerks, and in all with success. An effort is now being made to introduce women into the hair-dressing trade. Mr. Douglas, of Bond-street, has tried the experiment with a staff of female assistants for the ladies' branch of his shop. Surely this is an employment to which women are perfectly suitable. A man need no more be required to cut and dress the hair of women than to act the part of a lady's maid. We understand that there is shortly to be a meeting of the trade to discuss the subject of the employment of women. Male hair-dressers will growl, no doubt, and a lady suggested that they should emigrate! We desire to see women displacing men from all those employments which do not rightly belong to them. One thing is touched upon by the writer of the article, which is, however, a very important element in the question. Wages are regulated, like everything else, by supply and demand. If the supply for almost all employments, and particularly for those which do not involve hard physical labour, be already abundant, what will happen when it is in great excess of the demand? What with those already standing idle in the market-place, because no man hath hired them, we fear those who are so fortunate as to be hired will find that the penny will fall to a halfpenny; and if this be the case, we do not see how the female labourers can be benefited.

A Subscriber of Twenty-five Years, &c., should ask the author of the letter in which the composition is referred to.

THE SHEFFIELD BOARD OF GUARDIANS AND THE SICK POOR.

To the Editor of THE LANCET.

SIR,—After reading your remarks concerning the case of Mary Wragg and the Sheffield Board of Guardians, and the correspondence resulting therefrom, allow me to bear out Mr. Taylor's statement with regard to the allowance of wine by the Sheffield Public Hospital and Dispensary to its out-patients.

I entered upon the post which Mr. Taylor now fills early in 1866, and held the same for nearly two years. During the whole of that time I was entirely ignorant of my power to order wine or anything of the kind for my patients visited at their homes. I did on one occasion suggest to one of the physicians the propriety of requesting the Board to grant me the privilege of giving wine in fever and other special cases. For reasons that I need not enter into, this suggestion fell to the ground. I merely mention the fact to show that one at least of the honorary staff was unaware of the existence of such a rule. I may also state that I have good reason to believe that neither my predecessor nor my immediate successor knew of the rule allowing them to give out wine. We should have been only too glad to avail ourselves of so important an aid. As this matter has been brought so prominently before the public, perhaps the Honorary Secretary or some other official connected with the Sheffield Public Hospital will inform us of the last occasion on which wine was given to an out-patient, and the number of patients who received it, and the quantity consumed by them during, say, the last ten years.

Now, Sir, judging from my own experience, which I have laid before you, is it not a little singular that, with a rule allowing wine to the out-patients, and accurately kept accounts of wine and spirits consumed being laid before the committee week after week, not one remark should have been made by any single member during a period of two years as to the entire absence of such disposal of the wine? Could they imagine that during that period no case occurred requiring such a boon? Lastly, may it not be possible that this obsolete rule, if it ever existed, has been, to quote Mr. Taylor's extract from the *Sheffield Telegraph*, "excavated, dusted, redated, and made as good as new" for this particular occasion?

I am, Sir, yours, &c.,

Idle, near Leeds, Nov. 30th, 1869. EDWARD BEVAN.

A NEW THEORY AND TREATMENT OF CHOLERA.

THE theory propounded by a Staff Surgeon of the Indian Army is, that cholera maligna is an acute inflammation of the mucous tissue of the small intestine. But the treatment is of a much more startling description than the pathology. It consists in the exhibition of tartar emetic in one-grain doses every fifteen minutes to the extent of 180 grains. The doctor has unbounded confidence in his practice. "I declare my conviction," he says "that, in the future, any practitioner of medicine will render himself liable to a criminal prosecution who loses his patients from cholera without having given antimony in the way I propose and practise." We feel tempted to invert the terms, and to declare our conviction that any practitioner of medicine giving antimony in that way ought to be, in this country possibly would render himself, liable to a criminal prosecution for so doing.

Dr. Hardie (Manchester) is thanked for his offer. The communications shall receive full consideration.

SCARCITY OF SUBJECTS IN DUBLIN.

THE scarcity of subjects for the purposes of dissection and the practice of operative surgery still continues; and as the number of students in Dublin this session is somewhat above the average, the want is felt the more. One of the great drawbacks to obtaining the bodies in workhouses and hospitals is, that during their lifetime the patients have very often belonged to Burial and Benefit Societies, of which they manage to pay the fees, although unable to keep out of the workhouse, and which allow their friends a certain pecuniary allowance, generally sufficient to have the grandeur of a funeral, and to leave a margin for something in which to drown their sorrow. We understand that in Scotland, when a pauper enters a union in that country, and dies there, his body is at once claimed by the authorities, and sent immediately to the anatomical schools. If this be true, it would indeed be a great benefit if a similar arrangement were adopted both in England and Ireland, and thus an end put to the discontent at the present time felt by students in general, and especially by those going in for examination, on account of the want of means to dissect.

Mr. J. Wilson Cullen.—We did not ourselves notice anything that so struck us; but the question is one on which we cannot undertake to give an opinion.

SYPHILITIC HEADACHE.

To the Editor of THE LANCET.

SIR,—One of the commonest and at the same time least-known effects of syphilis is simple headache. By this term I mean headache unaccompanied by nodes on the head, or by any form of secondary or tertiary eruptions or ulcerations. So great is the ignorance, as a rule, of this painful and yet easily to be relieved malady, that I am sure not a few will here for the first time learn that headache, as I have just described it, is one of the sequelæ of syphilis. This ignorance is not surprising; for there is not a book ordinarily used in schools that even hints at such a symptom by itself being due to syphilis. I have seen cases over and over again of persons who had suffered from headache, some for weeks, some for months, and some for years, who had been treated with effervescing draughts and every stomachic contained in the Pharmacopœia without avail, and who, when inquiry was made into their previous history, were found either to have inherited or to have begotten by their own indiscretion the taint of syphilis.

In the treatment of headache which has been found to continue for any length of time, inquiry should be made into the history of the patient, and search made for evidence of a syphilitic taint, which will in almost all cases be found. For this headache we have in the iodide of potassium a remedy which is indeed a veritable specific; for it never fails to effect a cure, and its action for good is almost magical.

In illustration of what I have written, I offer you two cases out of several that my note-book contains.

The first is that of Miss B——, a young lady who had suffered when I first saw her from headache for two years. She had been under the care of several medical gentlemen, including one of the most eminent physicians of London, all of whom told her she was dyspeptic, and prescribed accordingly. She had lost flesh considerably, had no appetite, continually vomited, passed sleepless nights, and on the slightest exertion became so faint and giddy, that if no chair happened to be near, she had to be content with the floor. I suspected syphilis. I could not question her on the point, and I could find no evidence of the disease until I looked at her teeth, which were like unto those described by Mr. Hutchinson as due to inherited syphilis. I ordered her five grains of iodide of potassium three times a day. In two days all pain in the head and giddiness had disappeared, and at the end of ten days she was quite well, and rapidly regaining flesh and strength.

The second case was that of a carpenter, who, when I was house-surgeon, was under my care at St. Bartholomew's Hospital with a Hunterian chancre, which had healed in less than a month under the usual treatment by mercury. Seven months after he had left the hospital, he came to see me in the surgery one morning, and told me he had been living at Bermondsey, and for the last ten weeks had been suffering from continual headache, giddiness, and languor. The doctor whom he had been under told him that his liver and stomach were out of order, and, I suppose, treated him accordingly. There was not a trace of secondary eruption on his body or in his throat. I gave him the iodide of potassium in five-grain doses thrice daily. At the end of three days all headache had disappeared, and at the end of a fortnight he was completely restored to his usual health.

Yours truly,

Lyndhurst, November 19th, 1869. EDWARD H. M'CLEAN.

T. H. M. asks if our readers have met with a case where the patient habitually eructates sulphuretted hydrogen? If so, what remedy they would suggest? "T. H. M.'s" patient is suffering from cirrhosis.

R. T. (North Woolwich) had better apply, without delay, to the most experienced medical practitioner in the neighbourhood.

THE YELLOW FEVER AT TRINIDAD.

To the Editor of THE LANCET.

SIR,—A severe epidemic of yellow fever has carried off a considerable number of persons during the last few months. The disease is prevailing to a dreadful extent also at Martinique, and I believe in most of the other islands also. We hear that it exists on the Spanish main. During the month of September, out of ten Dominican nuns who were in charge of the Leper Asylum and a poorhouse here, nine have died of yellow fever; only one of those attacked escaped! We have also lost a number of other persons of influence and position. The treatment that has been found most successful is that by frequent doses of dilute phosphoric acid. This acid, with purgatives at the commencement, and leeches to the epigastrium and head, has, when used early, had great success. This plan of treatment was, I believe, introduced by the Surgeon-General, Mr. Dasent.

As I am far distant from any medical library, I should feel greatly obliged to any of your readers who would inform me whether there are any meteorological tables taken during epidemics of yellow fever, and how or where I can get copies of them. I am drawing up a report on the subject, and should be glad to compare the meteorology here with that in other places where the disease has prevailed.

I am, Sir, your obedient servant,

R. H. BAKEWELL, M.D.,

Trinidad, October, 1869. Medical Officer of Health for Trinidad.

THE LANCET AND THE WINE TRADE.

EDITORS, as we all know, have many responsibilities, and they are liable to have quite as much harsh criticism bestowed upon them as they deal out to others. We do not fail to reap our share, of course; but we confess to a feeling of surprise to find ourselves charged with having helped to bring about the poverty of London, the pauperism of the country, and the famine fever by commending to the medical profession the dietetic properties of Hungarian wines! The correspondent who levels this accusation at THE LANCET puts his reasoning in a very simple way. Syllogistically it is capable of being stated thus: The consumption of alcoholic drinks is the cause of great part of the above misery; THE LANCET commends the use of certain wines to the profession and the public;—ergo, &c. Can it be that our correspondent, at the time of his writing to us, had been himself newly awakened to the effects of indulgence? or is his outburst of virtuous indignation due to the fact that he has a large stock of strong port and sherry on hand, which he finds it difficult to get rid of now that the French, Rhenish, and Hungarian vintages are fashionable?

Mr. R. Farquharson's (Rugby) interesting paper on the "Early Detection of Infectious Disease" shall appear in an early number.

A QUESTION IN MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—I think it is due to myself to send you the following statement, in order that you may see more plainly the real state of the "Question in Medical Ethics," and may here express my surprise that B., if he felt himself aggrieved, did not call upon or write to me, and say so. My first impulse on receipt of his note and THE LANCET was to visit and remonstrate with him on the course he had adopted, without giving me an opportunity of stating my views in answer to his own. Perhaps it is better in the present aspect of the affair to send you my reply, and to request your further opinion on the case.

A. leaves his practice for a short period, two months (but from peculiar circumstances the time becomes lengthened to twenty months), in charge of a medical friend, whom a patient of A.'s refuses to see when proposed by Mrs. A. as A.'s *locum tenens*; but, at Mrs. A.'s instigation, agrees to see B., who had attended on a former occasion in the temporary absence of A., as A. had done in like case for B. Mrs. A. afterwards met B. in the street, and said, to the best of her recollection, these words: "Will you (B.) attend this case for A.?" informing him at the same time, from a letter she held in her hand, that A.'s return would be delayed a twelvemonth longer. B. replied: "I shall be happy to do so till A.'s return." She then obtained B.'s card, sent it to the patient, and induced him to write to B., believing all the time that her husband would derive the usual benefit from his (B.'s) attendance. It was at that time impossible to obtain from A. a request that B. would act for him. Upon A.'s return, B. wrote, offering to give up the case; and A., believing there would be a mutual benefit in B.'s continuing the attendance, and not wishing to act discourteously to his friend, requested him to continue for a time longer. It is true A. did then go out of town; but he would not have done so if he had not been under the firm conviction that this was the case; and on B.'s finally ceasing to attend the patient, A., fully possessed with this idea, asked B. for a statement of his services. To this B. made no objection at the time; but subsequently, on Nov. 3rd, wrote to A., asking "in what form" he wished it, and if "over the whole term;" to which a reply was sent by bearer that only gross sums were necessary with a view to a division. A. hears nothing further until Nov. 22nd, when he receives a note from B., drawing attention to a paragraph in an accompanying copy of THE LANCET of November 20th, headed "A Question in Medical Ethics."

A. must look upon the statement sent you by "Gamma" as B.'s case, and as B.'s act and deed *qui facit per alium, &c.*; and this statement draws from you an opinion "that A. may be supposed to have virtually relinquished his practice," &c. (this is certainly not the case, or why did he provide a *locum tenens*?) and "in the absence of any notification to the contrary, and a request on A.'s part for B. to act vicariously," &c., which could not possibly be then obtained, as B. knew full well. Therefore "he (A.) does not in strict justice possess any claim to the fees in question, and certainly not to more than half their amount. In addition, we consider that the division should be made after the deduction of B.'s expenses." Yet B., in his note, "thinks A. will feel that the tone of THE LANCET answer is averse to what his friend calls A.'s claim as a claim," and goes on to say he does not recognise A.'s right to any part of the fees he has received or may receive from the patient, totally ignoring your second and repeated alternative, which is the one A. would have desired, and which was put in practice about two months since by another medical friend called to act for A. in a parallel case. A. believes sincerely that if it were worth while to bring the patient into the discussion, an acknowledgment might be obtained of the correctness of A.'s views as to the mutual benefit of the attendance, and that therefore B. was sent for. Moreover, A. does not propose to remove to an impracticable distance, and only hopes he may have the opportunity of doing to B. as he (A.) would be done by.

I am, Sir, your obedient servant,

London, November 20th, 1869. A.

*** We gladly give insertion to the above. Our decision was based entirely, of course, upon the statement of facts laid before us.

Dr. Wickham Legg requests us to contradict the statement that he is a candidate for the vacant assistant-physicianship at University College Hospital.

APHASIA.

To the Editor of THE LANCET.

SIR,—In reply to "Arterial Region," the younger of my aphasic patients has a very distinct, though irregular, aura epileptica. At one time the warning commences in the hands; at another in the feet or eyes. There is some reason to believe that she had acute rheumatism ten years ago, and there is, but not at all extensive, cardiac valvular mischief. I regret to say there was a slight recurrence of the epileptic seizure on Sunday evening last. The warning was so distinct that my patient had time to attend to my directions—viz., to seat herself on the floor before the seizure intensified.

Yours faithfully,

Cley-next-the-Sea, Norfolk, Nov. 30th, 1869. W. SUMPTER, M.D.

LAMBETH DEGREES.

THE illness of the Archbishop of Canterbury, so universally regretted, has one result over which we must rejoice. No Lambeth degrees are to be granted this year. It is time that this power of the Archbishop was given up. Surely Bishops and Archbishops have enough to do now in the ecclesiastical sphere without going out of it into the medical. When public opinion is challenging the ancient medical corporations, and demanding that the power of licensing to practise medicine shall be vested in a body more strict and disinterested than these, surely the Archbishops will be "relieved" of this most superfluous and incongruous function. One batch more of Lambeth graduates we would consent to, even without insisting on their being examined. The gentlemen who are now medically advising his Grace with much wisdom, and, we trust, with good effect, might fitly receive his degree, and be the last of the race of Lambeth graduates.

THE USE OF SHIP-BISCUIT IN DYSPEPSIA.

A DYSPEPTIC correspondent records the results of a successful experiment on himself. He had long suffered from the effects of indigestion, which medicines relieved, but failed to cure. The substitution of plain ship-biscuit for soft bread has given rise to great improvement. He thinks that ship-biscuit will be found, dietetically speaking, very superior to bread prepared with yeast in cases of weak digestion.

Mr. E. Mirvildine.—The lectures alluded to never appeared in our columns.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—With some experience of the wishes of a considerable number of the senior assistant-surgeons of the army, permit me to suggest a step that would, if carried out, prove at any rate a beginning of the full measure of justice which our department has a right to expect from the Government.

Let local rank for length of service be granted to the army assistant-surgeons in India, as is already done in the case of the so-called combatant officers. Let the assistant-surgeon over twelve years' service be borne on a supernumerary list of staff surgeons, and let his local rank carry the pay and allowances of the Indian medical officers having the same length of service. This, of course, could only be done with the concurrence of the Indian Government. Some of us have already had almost as long service in India as would have entitled us to promotion had we belonged to the Indian department; for out of the twelve years in the junior rank required by the Indian regulations, two may be spent on furlough in England. The fact of our being willing to return there again will give an idea of our position and prospects on home service.

Some of the advantages of the plan proposed would be as follows:—A number of the senior assistant-surgeons of the service, many of whom have had a good deal of Indian experience, would embrace every opportunity, by exchange or otherwise, of going to India, and serving there till their term for permanent promotion arrived. Those in England who prefer to remain at home, or who, now in India, wish to come home, would be more frequently enabled to carry out their wishes. The injustice of our senior assistant-surgeons in India being subordinated to their juniors of the Indian medical department would be at an end, and there would be fewer "bald and grey" assistant-surgeons seen in our garrisons and camps at home, forming a standing illustration to our brethren in civil life of the advantage of wearing uniform, and to the junior assistant-surgeons a cheerful reminder of their prospects of promotion.

After more than twelve years' service in an inferior grade, with the higher rank apparently as far off as ever, it ought not to be a matter of wonder should the old assistant-surgeon show a decided tendency to become,

November, 1869. A GROWLER.

J. S. W.—The only satisfactory proof is the evidence of an official of the College of which he professes to be a member. We shall be glad of information as to the result. If a conviction is not obtained, the case will serve as an illustration, of which there are already too many, of the inefficient construction of the 40th clause of the Medical Act.

Mr. Chas. Mott.—Dr. Hewlett's "Sanitary Tour" is an official document, and is not, we presume, obtainable otherwise than by special application to the Sanitary Department of the India Office.

A Young Beginner.—It would only be giving an undue prominence to the individual in question to notice him at all.

Mr. Charles Lunn (Edgbaston) is thanked for his communication; but its contents are hardly suited to our columns.

MEDICAL ETIQUETTE AT BLANDFORD.

To the Editor of THE LANCET.

SIR,—Referring to a letter in your impression of the 20th instant, under the above heading, there appears to me to be another question besides that raised by Mr. Fielding, and which is of more importance to the profession at large—namely, whether the coroner ought not to have sent his order to the medical man who attended the case, Mr. Fielding. The following extract from the Medical Witnesses Act (6 & 7 Wm. IV., c. 89), which is printed in the Medical Directory for 1862, is to the point:—

"Whenever upon the summoning or holding of any coroner's inquest it shall appear to the coroner that the deceased was attended at his death or during his last illness by any legally qualified medical practitioner, it shall be lawful for the coroner to issue his order in the form marked A in the Schedule hereunto annexed for the attendance of *such practitioner* as a witness at such inquest; and if it shall appear to the coroner that the deceased person was not attended at or immediately before his death by any legally qualified medical practitioner, it shall be lawful for the coroner to issue such order for attendance of any legally qualified medical practitioner being at the time in actual practice in or near the place where the death has happened."

If there is no recent Act bearing upon the point, it seems therefore that the coroner committed the error in issuing his order to Mr. Chas. Ingram instead of Mr. Fielding, who had attended one of the children.

An elucidation of this point will oblige,

Your obedient servant,

November, 1869. ENQUIRER.

MEDICAL CHARGES.

Dr. W. Garstang.—The charge is very reasonable, and should not be reduced. A guinea a visit would not have been excessive. We are very grieved to think that a member of the profession should have supported the husband of the patient in his unwillingness to pay. It is too bad that mean patients can always find a sympathetic practitioner when they want to shirk a proper remuneration for medical services. Dr. Garstang should take his claim into Court if it is further objected to, though a discreditable case which we comment on in another column unfortunately shows that juries may have mean notions of the value of medical services as well as patients. In this case, as in Dr. Garstang's, there was another practitioner to say that the charge was excessive. The medical profession will have to formulate a strong law in its code of ethics against medical men who disparage the value of professional *opinion*, and who keep confounding it in their minds with "mixtures and powders and pills," which can be bought for sixpences or shillings in chemists' shops.

PUERPERAL FEVER.

To the Editor of THE LANCET.

SIR,—Puerperal fever is, I consider, in its origin almost always traumatic, and that its gravity, as compared with that of other phlegmasiæ arising from a similar cause, can be easily accounted for by taking into consideration the state of the system in general, and of the uterus in particular, resulting from the parturient process, coupled with the changes induced in the blood from the long-continued excretion of its albumen. This latter opinion has been well expressed by Dr. Mapother at the discussion that took place some months ago in Dublin on the subject of Dr. Kennedy's paper. We know, moreover, that when the sympathetic nerves supplying any tissue are paralysed or divided, a congestion ensues, and that an inflammation of the most intense nature, accompanied with profuse and destructive suppuration, follows the slightest irritation of the parts. Something of this kind, in all probability, obtains at the outset of the disease in question, and aids materially in determining its form. Does it not convey a palpable absurdity to suppose that scarlatina, typhus, typhoid, erysipelas, measles, *et id genus omne*, separately or collectively, can produce puerperal fever? Can the poison of typhus, for example, when introduced into the system, ever generate any other disease than typhus? But then it has been very ingeniously advanced that the poisons of the above-named affections, when absorbed by the parturient woman, will, so to speak, "forget their cunning," and, instead of developing a natural progeny, beget a hybrid monster in the shape of puerperal metritis! Now, we can well understand how typhus, scarlatina, erysipelas, &c., can exist epidemically or sporadically, with an invasion of child-bed fever; but to confound a well-defined coincidence with a pathogenic cause implies a flight of the imagination truly marvellous.

Yours, &c.,

November, 1869. XENOS.

A Surgeon's Widow.—We do not see that the insertion of our correspondent's letter would do much good. If her case is an extreme one, she should get some neighbouring medical practitioners to write a statement.

Mr. J. G. Carruthers.—Our opinion is that one fee only can be legally demanded; but in equity he may well claim a double fee.

SCARLATINA.

To the Editor of THE LANCET.

SIR,—I have just seen Mr. Middleton's letter in reference to my article on Scarlatina, which appeared in your impression of November 20th.

I shall be glad if the facts which I abstracted from the Privy Council Report can be corrected by wider inquiry. At the same time I must prefer taking my facts from an expert like Dr. Buchanan rather than from anyone who may be supposed to have a prejudice in favour of any particular theory. I think that Dr. Buchanan is right in putting 1854 at Salisbury where he does; the works were in full progress that year.

I am quite prepared to find that the facts which I brought forward may be unpalatable to many persons. I made no attempt at their digestion; that process was done to my hand by Dr. Buchanan. It is solely with a view to the further and fuller digestion of all the facts and circumstances of the disease that I have appeared before the public. The main inference (if an inference may be ventured upon in the present state of our knowledge) is that we must find some other method of combating this particular malady than any that has hitherto been pursued.

I have endeavoured to show that the disease, as it ordinarily occurs, need not cause either death or sequela; but I am well aware of the difficulty of carrying out the treatment that leads to such a result.

I am, Sir, yours faithfully,

December 1st, 1869. WALTER FERGUS.

Mr. Nunneley, (Leeds.)—We shall have much pleasure in giving publicity to the paper.

W. H. N.—The licence of the Royal College of Physicians of London does not enable a medical man to style himself "Dr." on his door-plate and visiting-card.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—I have been a subscriber to the Medical Benevolent College only for two or three years; but the heart-rending applications for my vote during that time have touched me greatly, and made me regret most bitterly my inability to contribute more largely to this excellent institution. I have succeeded in inducing several of my patients to help with their guineas, and they have, like myself, been painfully convinced of the necessity for supporting the College at Epsom. Every practitioner, however small his income may be, should contrive to be on the printed list of Governors for one year, and I have not the least doubt he will then be led by what he learns of the distress among the families of his professional brethren to contribute cheerfully to the College funds ever after. All wealthy patients who have cause to be grateful for the relief afforded them by their medical advisers would not require to be reminded more than once of an opportunity like this of testifying their gratitude to a profession to which they owe so much.

I am, Sir, yours truly,

November, 1869. PATERFAMILIAS.

A DOCTOR'S VOICE.

THE lives of unsuccessful great men would make an interesting volume, and the lives of unsuccessful doctors of ability would, at any rate, make a pretty big one. The causes of success, like those of failure, are numerous, and among the former we may safely reckon the possession of an agreeable and musical voice. The *Saturday Review* of the 27th ult. contains some amusing and, on the whole, truthful observations on the voice as an index of character. Our contemporary, in attempting to classify the varieties of voice which characterise different classes of people, such as orators, clergymen, and barristers, says, *apropos* of doctors:—

"A good voice, calm in tone, and musical in quality, is one of the essentials for a physician: the "bed-side voice," which is nothing if it is not sympathetic by constitution. Not false, not made up, not sickly, but tender in itself, of a rather low pitch, well modulated, and distinctly harmonious in its notes, it is the very opposite of the orator's voice, which is artificial in its management, and a made voice. ..... There are certain men who do a good deal by a hearty, jovial, fox-hunting kind of voice—a voice a little thrown up for all that it is a chest voice—a voice with a certain undefined rollick and devil-may-care sound in it, and eloquent of a large volume of vitality and physical health. That, too, is a good property for a medical man. It gives the sick a certain fillip, and reminds them pleasantly of health and vigour; it may have a mesmeric kind of effect on them—who knows?—and induce in them something of its own state, provided it is not overpowering."

C. E., (Oakham.)—It is contrary to our practice to give the names of physicians who are in our opinion most skilful in the treatment of any particular disease. There can be no difficulty in finding a physician who has had occasion daily to treat the disease named in all its forms. Let our correspondent consult any respectable practitioner in the neighbourhood, and be guided by his opinion. The usual fee is a guinea.

Tyro.—It is not probable that our correspondent could be either convicted or fined. Whether the use of the title is satisfactory or otherwise depends upon the University which granted the degree; but it is not illegal.

Medical Student.—The term is applied to petrified faecal matter. Coprolites are found in all strata which contain the remains of carnivorous reptiles.

PROFESSIONAL ETIQUETTE.

A Poor Man's Doctor.—We do not see the good of complicating the case between Dr. Palfrey and Mr. Firth, which we have placed fully before our readers, with letters from third parties. In taking leave of the subject, we must say that we cannot approve the way in which Dr. Palfrey went to see the patient of another medical man in his absence, and then proceeded to deliver very dogmatical, not to say oracular, opinions thereupon.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. G. Johnson; Dr. Heywood Smith; Dr. Rumsey, Cheltenham; Dr. Wills, Crewkerne; Mr. Wood; Mr. Devonald; Mr. Dickens; Mr. Galbraith, Ararat, Victoria; Dr. Wooley; Mr. Ayling, Wareham; Mr. Keene, Bristol; Dr. Marshall, Greenock; Mr. Fleming, Cheltenham; Mr. E. A. Missildine; Mr. Collier, Ripon; Mr. Campson, Bridlington; Mr. Brooks; Dr. Havard, Newport; Mr. Welpton; Dr. Phillips; Dr. Clampitt, Bootle; Dr. Godfrey, Enfield; Dr. Gabe, Merthyr Tidfil; Dr. Fergus; Mr. Todd; Mr. Moore; Dr. Hope; Mr. Matthews; Mr. Barron, Wadebridge; Dr. Gibb, Airdrie; Dr. Quinlan; Dr. Reynolds, Pembroke; Mr. Clarke, Newry; Mr. Tomlinson; Mr. Burt; Mr. Ball, Malvern; Mr. Wallis, St. Albans; Mr. Branders; Mr. Lonsdale; Dr. Felce; Dr. Sumpter; Mr. Cheam; Mr. Clark, Farnham; Dr. Atkinson; Mr. Bryan, Idle; Dr. Fothergill, Morland; Mr. Ravenscroft; Mr. Goode; Dr. Herbert, Bradford; Dr. Evans, Weston; Mr. Mingaye; Mr. Edwards; Mr. Barber; Mr. Woodin; Dr. MacArthur, Glasgow; Mr. W. F. White; Dr. Greenlees, Glasgow; Mr. Cotten; Mr. Raven; Mr. James, Tarporley; Mr. Lester; Mr. Davies; Mr. Fleischmann; Mr. Kenny; Dr. Farquharson, Rugby; Dr. Gore, Sierra Leone; Dr. J. Tanner; Mr. Hollis; Dr. Hardie, Manchester; Mr. Norris, Wakefield; Mr. Luna, Edgbaston; Mr. Spooner; Dr. H. C. Andrews; Mr. Dunforth, Edinburgh; Mr. Beverley, Norwich; Mr. Saunders, Sheffield; Mr. Nunneley, Leeds; Mr. Devenish, Hereford; Dr. Woodcock, Manchester; Mr. Martin, Rathmines; Mr. Jones, Thirsk; Mr. Meyrick; Dr. Fry; Dr. Brown, Lyme Regis; Dr. Gaillard, New York; Dr. Carruthers, Northampton; Mr. Moffatt; Mr. E. J. Adams; Dr. Evans; Mr. Garland, Yeovil; Dr. M'Clean, Lyndhurst; Mr. Marshall, Stocksfield; Dr. Young; A Medical Student; Observer; A. Z.; A Country Surgeon; L.M.; C. E.; R. T.; The Editor of the *British Medical Journal*; Veritas; H. B.; A. M.; A. B. C.; A.; W. H. N.; A Constant Subscriber and M.D.; One who did not Look before he Leaped; Medicus; &c. &c.

Brighton Gazette, Birmingham Daily Post, Lincoln Journal, Eastern Post, Preston Herald, Croydon Times, Lincolnshire Chronicle, Daily Telegraph, Northern Daily Express, Scarborough Gazette, Hertfordshire Standard, Philadelphia Press, Brighton Guardian, Edinburgh Evening Courant, Bucks Herald, Liverpool Mercury, Glasgow Herald, Gateshead Observer, Bulman's Weekly News, Mechanic, Colchester Mercury, Derby Reporter, Essex Standard, Yorkshire Gazette, and *Bell's Weekly Messenger* have been received.

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